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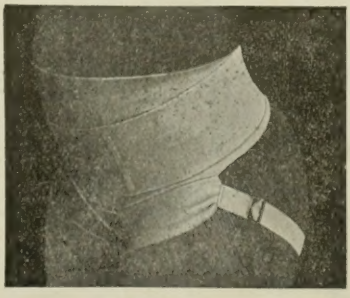

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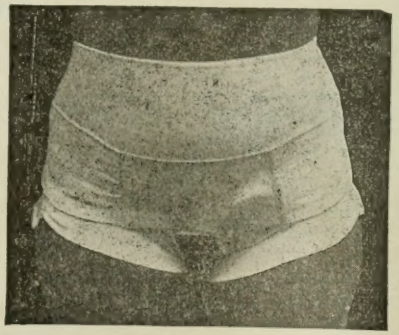

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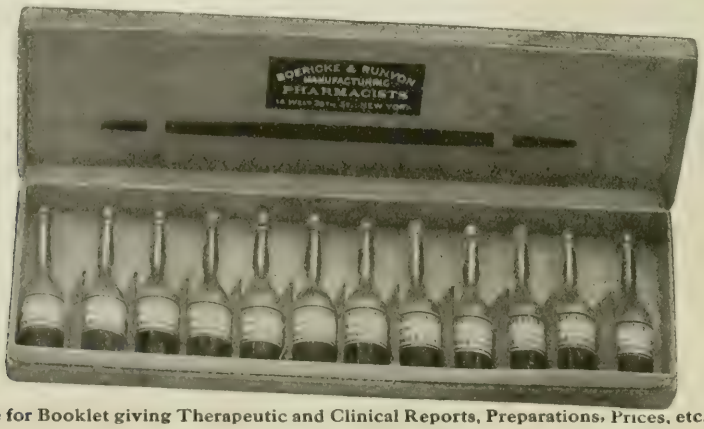

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The Journal

OF THE

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PRESIDENT'S PRELIMINARY ADDRESS.

W. B. HINSDALE, A. M., M. D., ANN ARBOR, MICH.

Denver, Colo., July 7, 1913.

In the preparation of this report and the accompanying suggestions, the opinions of the individual members of the Board of Trustees have been sought and liberally appropriated. That body with its members elected for a long term, must have a wider vision of the needs and far-reaching influences of the Institute than any officer whose tenure is for but a single year. In the conception of the speaker, the American Institute of Homœopathy never goes into a state of suspended animation. It is a living, virile body, always sufficient through its permanent boards, councils, committees and secretary to carry on its functions uninterruptedly. The annual convocation continues for but a week. After adjournment of the general session, the Institute cannot legislate again as a democratic body until another year passes. Its government then becomes representative and through its representatives questions arising as emergencies, unfinished business, or as new business requiring promptness of action, can be considered judiciously and disposed of wisely. For this reason, these representatives must be mindful of their trusts and, if need be, stimulated to a full appreciation of their responsibilities. To become a member of the Board of Trustees, to become a member of the Council of Medical Education, to become a member of any standing or special committee, or to hold the position of General Secretary of this Institute is to assume a trust that demands a wideness of view, an energy of purpose and a sacrifice of time, expense and ease in behalf of the general welfare. To assist in directing these activities as a constitutional prerogative, upon request or by authorization is the duty of the president. The business judgment he manifests should be the measure of success of his administration, rather than any artistic manipulation of verbiage he may display upon "Any subject relating to medical science."

Without intending any severe criticism, without any thought of personal reflection upon any individual, no one can review the history of our organization without observing that some of its important measures have been experimental expediences and postponements of definite settlements that should have been permanent. To insure solidarity and to warrant the execution of definite, far-sighted purposes, the element of time must be considered. No committee or other sub-agency of this organization or of any other deliberative body can have continuity of purpose without the assurance that sufficient time will be allowed for its development and application. For this reason, it has been the aim during the past year, so far as possible, to place every permanent committee upon, at least, a five year basis, this, of course, being done through the action and consent of the Trustees.

To illustrate: the Council of Medical Education who, among other things, have had something to do with directing the work of the Field Secretary, when one was employed; with the accumulation of data for the use of colleges; with the gathering and tabulating of statistics for the benefit of those who may either request or legally demand them, has been rather fitful in its work, owing to the time limits and other hindrances that have been encountered. They, the same as other committees, should lay plans for, at least, a five year programme. If, then, with co-operation in their measures, which are presupposed to be sensible ones, they have not demonstrated their usefulness, they should be legislated upon according to their merits. The Council is certainly to be commended upon the schedule they have recently issued. Nothing can be gained by meddlesome interference until the test of time has been applied.

It is suggested that the Council of Medical Education assemble data giving the educational life history of every man who enters a homœopathic college. If they do not do this, it will transpire, probably under authority of certain medical boards, that some one else does it for them. To make themselves appreciated as a body deserving recognition, they must, at all times, be able to furnish whatever information any state board of registration may request, although this kind of service is not the most important one they can perform.

Trustee J. P. Sutherland, a member of the Council, in a recent letter, writes:

> "*Publicity* is the watchword of the hour. Associations of men engaged in public work of any kind must admit the public to their confidences. To continue to grow in usefulness, wide co-operation is necessary, and a medical association, engaged as it is in hygienic, sanitary, legislative and social work, in addition to its purely scientific interests, medical, surgical and preventive, must make reasonable effort to secure the interest and support of the laity,—for the laity is the great body whose welfare is under consideration.

Propagandistic Work. (1) Quiet missionary work of the individual practitioner; (2) the more public work of lectures, addresses and distribution of literature of a medical nature; also the enlistment of the daily press and the use of magazine articles.

Medical Education. The profession, as a whole, should have a voice in establishing standards rather than allow the decision of such matters to rest with state boards of examiners, councils on education, boards of health, etc. A distinction should be made between an education that fits one to be a teacher, research worker or scientist, and an education that fits one to be a successful practitioner. Is a five-year course necessary for the latter? The Institute should consider the matter and form definite ideas and plan in connection with it.

The standards for *medical licensure* should be unified so that reciprocity might become national in its application.

The activities of the *International Homœopathic Council* should claim the support of the entire profession."

With language like that coming from a member of the Council largely entrusted with the matters to which it refers, who will deny that Council any facility it may require in carrying out the plans?

Every graduate in Homœopathy should be sent forth as a propagandistic agent of his therapeutic beliefs and a missionary of his college.

The College Alliance, which was organized upon February 25, in Chicago, by a number of college representatives, it is hoped, will be able to form closer relations and more friendly co-operation among faculties, and encourage the betterment of medical educational methods. It should have the power of initiating and executing such measures as will conduce to a widening of our influence among educational and learned bodies and particularly of the dissemination of a correct understanding among the laity as to what homœopathy stands for in the medical world. It is recommended that the Institute give it ratification.

Trustee G. J. Jones writes:

"If students can pass successfully a reasonable examination before a state board, that is all that board has a right to ask."

He protests against encroachment upon the chartered rights of colleges and raises the point that every state medical examiner should be qualified under the rules he imposes and be adequate to passing his own examinations. These are matters that might very properly be referred to the College Alliance, the Council or to them conjointly for consideration.

Trustee Mary E. Hanks believes the custom sometimes ob-

served of distinguishing between the sexes in assignment of work among the members to be entirely wrong and that the women, who are such an efficient agency for all things that conduce to professional and society improvement, be permitted to cooperate in all Institute enterprises because they are physicians and not because they are women practicing medicine.

Trustee T. H. Carmichael, also chairman of the Committee on Pharmacopeia, calls attention to the report of his committee. Dr. Carmichael states:

> "The second revision of the Homœopathic Pharmacopeia of the United States brings the standard up to date as it includes the new atomic weights, the substitution of some new remedies for others of less importance, the correction of errors and such other changes as will increase the efficiency of the work. In it our school has a work upon pharmacy which is of the highest value as a thoroughly scientific guide in the preparation of our remedies and there should be no further opposition on the part of pharmacists to its universal adoption."
>
> Trustee Carmichael also calls attention to the various bills now before state legislatures, which, if forced, will greatly cripple physicians of our school. These bills require every physician to write prescriptions to be filled by druggists. The National anti-narcotic bill at Washington will do the same. Illinois, Indiana, Iowa, Kansas, and other states have similar bills in various stages of development.

Trustee J. P. Cobb regards the subjects of pre-medical education and hospital requirements, medical legislation, both federal and state, Institute finances, including endowments, participation in the popular movements of the day, child welfare; anti-tuberculosis, conservation, organization and the question of the Journal, —very properly of great importance and pressing not only for consideration but for lively action.

Trustee A. B. Norton, Chairman of the Finance Committee, insists that continued strict business methods on the part of the officers and committees will save money and develop more power of that which is expended; that the budget system inaugurated this year should be followed out in more detail and the checking system made to apply sharply to all proposed expenditures before requisitions are honored; that the seniors be requested to continue to pay their accustomed dues after arriving at seniority. Since in actual life it is quite impossible to separate sentiment from finances and since every question ultimately becomes one of money, the recommendation is endorsed by the Trustees. The members of the Finance Committee believe that the methods now employed in the management of the

Journal will make the enterprise not only self-supporting but a source of revenue.

Trustee and Treasurer T. Franklin Smith suggests that the Board of Trustees have a meeting in Denver after the election of new members. This suggestion appears very practical and should be observed.

Secretary and Trustee Horner, in a recent letter, wrtes:

> "If pending amendments are adopted, Article V, Section 1, of the By-Laws, will privide in one part of the section membership or eligibility to membership in a state society as a requisite for membership in the Institute, while in another part of the same section such requisite is eliminated.
>
> Also, that Article VIII, Section 3, provides that "a complete list of members of the Institute from its organization shall be added every three years." This I regard as unnecessary and almost impracticable.
>
> Also, Section 5, of the same Article, provides that a complete copy of the statistical report shall be sent each year to every organization represented therein. Owing to the considerable expense involved and the great need for use of our resources in other directions, I recommend that this requirement be nullified.
>
> Also, that for this past four years, in great measure owing to the fact that Memorial services are held Sunday evening, the first business session of the Institute has begun at 9 o'clock Monday morning, while, formerly, it began at three o'clock in the afternoon of the same day. This newer order has its effect in advancing nomination and election of officers one day because the By-Laws provide that nominations shall be in the hands of the Secretary on the first morning of the session and that elections shall occur between ten and twelve o'clock of the second morning. I would recommend that the By-Laws shall be so altered as to provide that the business sessions shall begin Monday morning at nine o'clock, that nominations for officers shall be in the hands of the Secretary on the second morning of the session and that elections shall take place between the hours of ten and twelve o'clock on the third morning of the session"

The following questions appear pertinent:

Ought not the fund in the hands of the Committee on Drug Proving to be applied to its intended purpose or diverted into some other direction so that immediate benefits may be derived therefrom? Ought not state societies to be advised to inaugurate systematic propagandistic enterprises, such as the establishment of lecture bureaus and the issuance of popular exposes of Ho-

mœopathy? Ought not the Secretary of the Institute to be put upon full pay and full time that he may accomplish some effective field work as well as conduct the Journal and act as clerk?

The Trustees, at their meeting, held in Cleveland, Ohio, December 6 and 7, after much deliberation, decided it to be very much to the best interests of the Institute and the profession at large to change the fees for new members in accordance with the following schedule: One dollar, to accompany the application, for the first year of membership; two dollars for the second year; three dollars for the third year, etc., until the maximum fee of five dollars be reached, after which time five dollars shall be paid annually. If the applicant desires to be a subscriber to the Journal, an extra dollar must accompany the application for the first year. Of course, every applicant, if he is not naturally disposed to take the Journal, should be encouraged to become a subscriber. It is believed that this modification of the fees will appeal to the Institute as being a wise measure and that it will be ratified.

The speaker would be very ungrateful if he did not commend the various committees that have worked during the year in their respective fields. Language fails him to convey his sense of gratitude to the Board of Trustees. He wishes also to mention particularly the committee that have had in charge the solicitation of new members, the Council of Medical Education, and the ever-readiness with which the Secretary has assisted both by his counsel and by his labors. Each of our periodicals will please accept thanks for the persistent efforts they have made to maintain the dignity and to augment the influence of our cause and to bring together a large and a working attendance at the annual meeting. The Transportation Committee and the Local Committee on Arrangements have been indefatigable in their efforts to make the journey to the place of meeting comfortable, pleasant and profitable, and the stay in Denver agreeable in every particular. These two committees are richly entitled to a vote of appreciation and of gratitude.

The President reports that during his term of service he has visited the State Society meetings of New York, Michigan, Ohio, Illinois, Missouri and Wisconsin, beside several local and district societies. He influenced the Finance Committee and the Treasurer to contribute one hundred dollars to the relief of such homœopathic physicians as suffered in the flood of Dayton, Ohio. He has written over two thousand letters and fifteen articles for journals; given fifty addresses and arrived at the conclusion that the presidency of the Institute, while being a distinction and a great honor, of which fact he is duly appreciative, is an onerous task, carrying with it a responsibility, the sense of which grows as the labor increases and as time advances.

BUREAU OF HOMŒOPATHY

HOMŒOPATHY AND SURGERY.

BY C. E. WALTON, M. D., CINCINNATI, OHIO.

It is not all of Surgery to cut,
Nor all of Medicine to dose.

This is not a paper on Homœopathy versus Surgery, nor Surgery versus Homœopathy. The theme is Homœopathy and Surgery.

Homœopathy is good; Surgery is good; but Homœopathy and Surgery is better. This is another way of expressing the old adage, "Bread is good, Butter is good, but Bread and Butter is better." Therapy alone has a limited field. Surgery alone is restricted in its efforts. Their combination is a great power in solving pathological problems.

The adjuvants, common to all systems of medicine, will be eliminated from this discussion.

There was a time when the association of the terms Homœopathy and Surgery was incongruous, and with the uninformed it still so remains.

Homœopathy, with its accurately applied doses, frequently accomplished what seemed to be impossible results, and Surgery was discredited. Surgery, with its brilliant victories, ignoring therapeutics, arrogated to itself the only scientific treatment. Finally the limitations of each began to appear, and a union of forces became necessary to enlarge the scope of usefulness. Then was developed that most effective "fighting machine," the Homœopathic Surgeon. The skill of the prescriber, united with the skill of the operator, produced results that neither could effect separately, and the healing art began to take its legitimate place in the estimation of the public.

A homœopathic surgeon is not a homœopathic physician who wields his operative skill alone, but a surgeon who wields his homœopathic prescribing with equal skill, either to supplant, or augment, operative procedure. One may be an efficient homœopath, but no surgeon. Another may be an efficient surgeon, but no homœopath. If he is both he can do the greatest good in modifying diseased conditions.

Homœopathy has not been devoid of renowned operators who owed their success to the combined skill of operator and prescriber. Measured by the standards of their day they stood as the peers of any in the treatment of the sick. We recall with pride the prowess of Helmuth, Franklin and Hall; Beebe, Ludlam and Lungren; Beckwith, Bronson and Hartshorn; Gilchrist, Schneider and Parsons. But we must not trench on the terri-

tory of the necrologist. Nor shall we extol the living, for that would take us far afield, and might subject us to the charge of invidious comparison or even worse might occur if we should happen to omit the mention of some who have acquired distinction.

The classification of diseases into surgical, and otherwise, is only conventional, and serves for the purpose of convenience in academic discussion. A division into those which demand operative treatment, and those which do not, would be simpler, yet even the overlapping conditions would furnish plenty of opportunity for discussion.

To measure the influence of Homœopathy on surgery let us take two conditions which have been looked upon as unyielding to the influence of medication, cancer and tumors. In numerous cases they have been limited in growth, lessened in size or entirely removed. It is not a fair argument to say that if these results occurred it was not a cancer or not a tumor. That was the common method of meeting the claims of Homœopathy in the treatment of cholera and diphtheria. Instead of fairly saying, "It is not possible in my experience," thereby acknowledging the impotence of some lines of treatment, it is boldly declared that the diagnosis was erroneous or the results falsified. The same line of argument might be employed by anyone where assertions do not coincide with the experience of the objector. If this became universal, progress would be long progressing.

A disease cured by medication is either self-limiting or we must give the medicine credit. A disease cured by the knife is either self-limiting or we must give credit to the knife. If both are efficacious then they become co-operative agents, not competitive agents, only so far as they furnish us with a choice of agents.

We know that the knife can cut successfully when skillfully applied. We know that medication can cure when skilfully prescribed. How do we know this? By seeing the results. Each then is good in its place and can be used to supplant or augment the other.

The itch for operating is more than a septennial condition. With some it is perennial, with others it is sempiternal. It is infectious and at times epidemic. The itch for prescribing is sporadic. Both are frequently fatal to the patients.

It is customary at the present time to think of the "opsonic index." In a former day we thought of "vital force." If a patient's phagocytic capabilities are strong enough he will get well of certain diseases. If his "vital force" is strong enough he will recover from the diseases. If homœopathic remedies cure these diseases they do so by stimulating phagocytism or the "vital force." What difference does it make to the patient how we explain the phenomenon? He is interested in the result, not in our philosophy.

Homœopathy is applicable wherever it can match its "similimum" with that of the patient who has a fibroid or ovarian tumor, or cancer, or fistula-in-ano, or hæmorrhoids, or shock, or gangrene, or erysipelas, or necrosis, or ascites, or hematocele, or hæmorrhages, or polypi, or ranula, or ulcer, or whitlow, or warts or corns. If this enumeration provokes the credulous smile which tradition depicts upon the countenance of a Missourian when you go home consult the volume of the Transactions of this society for the meeting of 1876, where our own Helmuth, so skillful in the use of the knife, recounts case after case which has yielded to the homœopathic remedy. Or take down your "Gilchrist on Surgical Therapeutics" and renew the faith that may be waning under the *cacœthes operandi,* which is sure to flourish when the study of the Materia Medica is neglected.

Have you ever stood by the bedside of a little patient who, in spite of an intubation, was gasping for breath, blue in the face, cold in the extremities, struggling for an existence which seemed to be hastening to a termination, and seen the marvelous resuscitation produced by the administration of Carbo vegetabilis?

Have you ever seen a case of post-operative shock, with rapid and thready pulse, ice cold skin and perspiration, recover under the influence of Veratrum album?

Have you ever seen the post-operative hæmorrhage of a profoundly jaundiced patient which persisted under large doses of Calcium chloride, yet speedily yielded to Crotalus? If you have you will readily admit that Homœopathy and Surgery make a splendid team, whether driven abreast or tandem.

Without the resources of Homœopathy I should not want to practice Surgery. Without Surgery even Homœopathy cannot give the patient the best that the healing art affords.

When I think of these things I am driven to introspection, and my thoughts find expression in the following soliloquy:

To cut—or not to cut—ofttimes the question is.
Whether 'tis ever best to use the pill
And jeopardize the time when skillful blade
Might bring relief; or hasten with the knife
To bring the parts to severance which no
Dosing can restore. To cut—to dose—or
By their combination assail the case
Which suffers from the ills to which all flesh
Is heir. The answer to this question is
The consummation most devoutly wished.
The knife, good judgment should display, and with
The little pill consort, if it would slay
The sleep which knows no waking, yet may have
Dreams to actuate the ghosts which hence may
Come to haunt the luckless wight who poising
On the apex of a doubt, topples to

Destruction. The one who best would serve his
Fellow-man, and keep him from that country
Undiscovered save by those who've reached that
Bourne from which no traveler returns, must
Worship at the shrine of Materia
Medica, as well as flash the glit'ring
Steel, to soothe the ills he knows not of save
By the pangs that others bear. Only thus can
He escape the fate which left proud Wolsey
Naked to his enemies.

DISCUSSION.

HAMILTON F. BIGGAR, M. D., Cleveland, O.: Mr. Chairman, Ladies and Gentlemen: When Dr. Walton began I was fearful that he would present a poor paper and was relieved when he said that it was only four pages, but before he got through I wished that it was four times four pages, because it was really a very good paper. Dr. Walton knows how to present his subjects in a concise manner and they always bristle with practical suggestions. I fully agree with Dr. Walton when he states that there are surgical cases that demand the knife, and likewise that there are many so-called surgical cases that can and should be cured by proper medication without resorting to the knife. The trend is toward less cutting and more conservatism by medication. Many cases could be cited to show that the trend is changing and what medication can do for what may be classified as surgical diseases—one or two cases will be sufficient. They are not selected from my own practice, but from a very good, reliable and successful homœopathic physician in Cleveland.

Case 1: A gentlemen consulted a very popular surgeon of the old school, of our city, respecting his invalid wife, stating that they had been married seven years, were childless and both were anxious for maternity. The surgeon, after examination, advised the removal of the ovaries, that conditions demanded their immediate removal; that it was impossible to become pregnant with both ovaries so thoroughly diseased. The gentleman hesitated to accede to this advice, was not satisfied, and sought the advice of this homœopathic physician who after examination prescribed bellis perennis. The remedy was all sufficient to relieve the painful dysmenorrhœa and restore the condition of the ovaries, and in the course of four years the parents were blessed with two healthy children, born two years apart.

Another case is that in which another popular surgeon of the old school was consulted in regard to a tumor of the breast, and advised the immediate removal. The husband was not satisfied with this opinion and sought further advice from a homœopathic physician, under whose treatment the tumor disappeared. The remedy was conium 6x internally and conium cerate externally.

I was impressed with the remarks of Dr. Walton in regard to fibroid tumors. There are tumors of the mamma that are secondary to some other disturbance and most frequently the uterus is the offending organ.

When a patient comes for advice with a lump in the breast I never fail to make a careful examination of the pelvic organs and if abnormal, unless it is a case demanding immediate surgical attention, first try with the knife to correct such condition and when corrected frequently the breast tumor disappears. Therefore, I would emphasize the necessity of a thorough examination of the pelvic organs, especially when neoplasms of the mammæ are present. I have no apology to make to Dr. Walton for speaking of his paper as I did. He is a royal good fellow and knows how to write a paper, as well as how to read and present it.

DEAN T. SMITH, M. D., Ann Arbor, Mich.: I shall confine what I have to say to the after care of surgical cases.

I know the impression prevails that the surgeon feels that when he has removed the pathology he has cured the patient. He may have done so, or he may have only removed the product of the disease. As was said here this morning by Dr. Copeland, the surgeon realizes that when he has to cut, it is simply an expression of impotence. It often means to destroy a member instead of curing a disease. When we have removed the pathology, we may think this will so raise the vital force or opsonic index, or what not of the patient, that he may be cured of the trouble. Sometimes it is so. Often remedies are needed to help the organism in overcoming the effect of the shock or curing the disease that made the operation necessary. When I go to see a patient the next day after operation and I find the face flushed, the eyes bright, the vessels throbbing, I do not give acetanilid or some sedative. I give belladonna, and the patient is better —and I think much better than he or she would have been if I had given a different drug. If I find the patient is restless, has no special pain, is weak, prostrated, gelsemium is the remedy. If the patient has sharp, cutting pains, is unable to move and has a pain on coughing—you know what the remedy is.

Now for the point I make is this. Homœopathic remedies are indicated and helpful in the aftercure of surgical cases. When discussing this question of giving a remedy in the after treatment of operative cases, I have had surgeons say: "Do you give the remedies just as you have said or recommended that they be given." "Yes, I do," is my response, for I know that when I have a house doctor who follows the plan of careful prescribing my patients do better than when a man comes in who is hard to get away from material doses and makes shot-gun prescriptions. I know that homœopathic remedies are as effective in surgical caes as in other conditions. I believe in the homœopathic drug *and* surgery when they are indicated.

SURGICAL AND GYNAECOLOGICAL SOCIETY

A REPORT OF SIX CASES OF ACUTE PERFORATING ULCER OF THE STOMACH.

BY G. M. CUSHING, M. D., CHICAGO, ILL.

The condition of ulcer of the stomach and duodenum is one that of late has received so much attention, and, within the past few years, such radical changes in its management have occurred that I am prompted to present this paper, in which I wish to report six cases of acute perforations of the stomach, due to ulcer.

These cases have all come under my care within eighteen months and I have come to feel that either I have had an unusual experience or the cases are more common than we have heretofore considered them:

Case No. 1.—Male, age 52 years, laborer in a public park. He had been in fairly good health, aside from what he described as attacks of indigestion. Worked every day. On Sept. 2d, 1910, after returning home in the evening from his work he was taken with a sudden, severe abdominal pain. His physician was called and a probable diagnosis of appendicitis was made. By the fol-

lowing morning the symptoms had become much more severe and the patient was sent to the hospital. I saw him with his physician and concurred in the diagnosis of appendicitis. His temperature was 99, pulse 85 and of good quality, but his abdominal muscles were perfectly rigid and his respirations were short and jerky, and the expression on his face indicated intense suffering.

The abdomen was opened over the appendix and was found full of a material resembling pus. The appendix was found to be normal, but was removed. My suspicions were immediately aroused to the probability of a perforating gastric ulcer and by extending the incision upward I was able to reveal the opening in the stomach near the pylorus on the anterior surface. The perforation was one-fourth of an inch in diameter and through it were escaping gas and stomach contents into the free peritoneal cavity.

I closed the opening with a pure-string linen suture, which I reinforced by two mattress sutures of the same material, and then inserted large cigarette drains into the lesser and greater peritoneal cavities, and a large tube through a stab wound into his pelvis.

The patient was returned to bed and placed in the Fowler position, and normal salt was given continuously per rectum by the drop method. This case made an uneventful recovery, never carrying a temperature above 99 during his convalescence. He was operated upon about ten hours after the perforation took place.

Case No. 2.—Male, age 32 years, laborer. Had been in the best of health and working every day. On November 5th, 1910, at 6 P. M., while washing his hands after his day's work, he was taken with a sudden and almost unbearable pain in the upper portion of his abdomen. His physician was called at once and a diagnosis of appendicitis was made. The patient was taken forthwith to the hospital and I saw him at 8:30 P. M. His pulse was 60, temperature 97; there was intense suffering and board-like rigidity of the abdominal muscles. I declined to accept the diagnosis of appendicitis and told the attending physician that the case appeared to me to be one of hepatic colic.

The patient was ready for operation in thirty minutes and a right rectus incision over the gall bladder revealed much free sero-purulent appearing fluid in the abdomen. The gall bladder was normal and contained no stones. The appendix was also found normal and was not removed. Examination of the stomach showed a perforation near the pylorus, in the base of a small ulcer, from which gas and stomach contents were passing freely.

The opening was closed with the linen purse-string suture and the drainage and after treatment carried out were as in case No. 1. This case also made a good recovery and left the hospital at the end of the second week. This case was operated and off the table in less than four hours after the perforation occurred.

Case No. 3.—Male, age 53, laborer, was attacked with sudden severe abdominal pain and vomiting of blood at two o'clock in the afternoon while at work. He was immediately taken to the hospital, and it was the opinion of both his family physician and myself that he was suffering from an acute perforating gastric ulcer. His temperature was 98, pulse 70 and he had intense suffering in the upper abdomen and marked rigidity of all his abdominal muscles.

The incision revealed free blood and stomach contents in the peritoneal cavity with a large calloused ulcer on the anterior surface of the stomach, near the pylorus. This ulcer was as large as a silver dollar and in its base was a perforation about one-fourth of an inch in diameter.

The size of the ulcer and its close proximity to the pylorus would have completely obliterated the pylorus had I attempted to turn the ulcer in the manner described in the preceding cases. I deemed it more advisable in this case to do a pylorrectomy, completely removing the ulcer. This I did and immediately followed it by a posterior gastroenterostomy.

This case was drained and given the same after-care that the other cases received and made a good recovery. The operation followed the perforation by about three hours.

Case No. 4.—Male, age 26 years, laborer, unable to speak English and no previous history could be obtained. He had not been seen by a physician until within one hour before reaching the hospital. Examination immediately after his arrival at the hospital showed the patient suffering from pronounced septic peritonitis. Temperature 104, pulse rapid and weak, and because of his practically moribund condition an operation was considered inadvisable. This patient died within six hours after having been received and a post-mortem revealed an ulcer of the stomach with a perforation in its base fully three-fourths of an inch in diameter. The abdominal organs were simply swimming in beer, cabbage and rye bread. I have always felt justified in not having made an effort to operate this case.

Case No. 5.—Male, age 36 years, laborer. Was taken with sudden, severe abdominal pain at three o'clock in the afternoon while at work. The pain was so severe that it was necessary to call an ambulance at once and he was removed to the hospital. I saw him four hours later and found him with a temperature of 99, pulse 80, intense and increasing abdominal pain, and pronounced rigidity of the abdominal muscles. A diagnosis of acute perforating gastric ulcer was made and an immediate operation advised and accepted. The incision revealed stomach contents in the free peritoneal cavity and a small perforation was present in the base of an ulcer on the lesser curvature near the pylorus.

This ulcer was closed with the linen purse-string suture and the usual drainage and after-treatment carried out. The patient made a good recovery, leaving the hospital in ten days. He was operated about five hours following the perforation.

Case No. 6.—Male, age 27 years, moulder by occupation. Was taken with sudden severe abdominal pain at noon on March 30th, 1912, while at home for his dinner. His physician was called and a diagnosis of acute appendicitis was made and immediate operation advised. Upon his removal to the hospital I saw him and rather questioned the diagnosis because of his having a temperature of 98.6, pulse 76. He had the marked abdominal rigidity and was suffering too intensely for a case of appendicitis of such short duration.

I feared an acute gastric ulcer perforation and advised immediate operation, which was accepted. The appendix was found normal and by extending the incision upward and lifting the stomach out I was able to demonstrate the perforation in the center of a hard, indurated ulcer, located in the lesser curvature. The ulcer was closed, as in the other cases, followed by drainage and recovery. The operation followed the perforation by four hours.

It will be noted that in this series of cases a positively correct pre-operative diagnosis was made in only two cases, the other four being diagnosed as appendicitis. This I believe is more often the case than otherwise, and is due to the fact that the early symptoms of the condition are not recognized.

It is of the most importance, however, that they should be recognized and surgical treatment instituted at the earliest possible moment since the mortality rate will be over 50% if the perforation is not closed within six hours and grows rapidly higher as time advances.

Many of the signs and symptoms formerly ascribed to acute perforating ulcer of the stomach are not manifestations of that particular incident at all, but are evidence of a later and preventable complication—acute diffuse peritonitis.

At this point let me state that a catastrophe of this kind is almost always capable of being forestalled. Though the on-set of perforation in an ulcer is acute, the ulcer itself is of a chronic type. It is an ulcer that has existed for months or years and it has given in almost every instance evidence, not only of its existence, but a recent warning that the pathological processes in which it was engaged are becoming more acute. The warning, however, is commonly ignored because the significance and importance of it are not understood.

There are really very few veritably acute catastrophes occurring in the abdomen; they are far more often than otherwise the incursion of acute symptoms upon the even and placid course of some disorder whose more tranquil manifestations have been present for months or even years.

If one consults almost any text-book upon the subject it will be found that collapse, rapidity and poor quality of the pulse and distention of the abdomen are conspicuously mentioned as symptoms of acute perforating ulcer of the stomach. However when

a case is seen in the early hours not one of these symptoms is present. Collapse is certainly not present if it is measured by the customary signs, for there is usually a pulse not above 80 and of a quality that is practically normal. The temperature is normal and slightly subnormal. But, if there is intense pain, with the most unyielding stiffness of the abdominal muscles, a perforation has probably occurred. The patient cannot make even a pretense to breathe deeply and his replies to one's questions are jerked out with an effort, the end of which is cut short with a spasm of pain.

When it is remembered that the diaphragm is an abdominal muscle and that it is held with a rigidity that never slackens the shallow thoracic respirations are explained at once. This unalterable resistance of the abdominal muscle is undoubtedly a reflex, having for its purpose the protection of the affected area by a muscular splint. The alert, anxious, apprehensive look the patient always wears is the most eloquent evidence of his intense sufferings.

These things then, the sudden onset of acute intolerable pain that does not abate, rigidity of all the abdominal muscles, light and slow breathing, with an inspiratory phase that ends abruptly with a "catch," together with the intensely anxious facial expression, which is always present, are ample warrant for a diagnosis of acute perforation. A previous history is now lacking. A rapid pulse rate, vomiting, abdominal distention, are not to be looked for among the early symptoms. They are the proof that precious time has been wasted and a valuable opportunity thrown away.

DISCUSSION.

Dr. J. H. Fobes, New York, N. Y.: I wish to congratulate Dr. Cushing on his most excellent paper. It is not often that we have a run of cases of that sort. I remember reporting a series of cases last year along the same line. I think Dr. Cushing's results have been remarkable. One of the principal points was that he was able to recognize the non-operative case—the one case which would surely not have recovered had he operated, and did not recover anyway. This proved that his judgment was good. I think the fact must be borne in mind that we must get these cases early in order to get out with a clean record. The cases which I had last year, the cases which died, were all of twelve to fourteen hours' standing. One point which impresses me particularly, and to which I wish to call attention, is the fact that pain is the most prominent symptom. This is chemical peritonitis, and, as Dr. Cushing reports (and I reported the same thing last year), the patient is instantly seized with sharp pain, such as you would get from the pouring of hydrochloric acid on any mucous membrane. I found in my cases last year that the pain and rigidity were the two symptoms upon which I made my diagnosis. These are very desperate cases, and the results which Dr. Cushing has obtained are most excellent.

Dr. C. E. Sawyer, Marion, Ohio: I wish to commend Dr. Cushing's paper. The lesson I drew from the paper was the importance of looking beyond what seems to be the seat of war. A number of these cases, as I remember them, were diagnosed appendicitis. The symptoms are very similar and I dare say that some of us in our past experience have met with just such as he relates. I am very glad indeed to know of

Doctor's experience in this particular line. It brings to us the need of exploring the entire abdominal cavity when we find only a slight complication of the appendix.

Dr. Cushing (closing the discussion): Mr. Chairman, I wanted to emphasize in my paper the fact that we diagnosed correctly only two of the cases out of six. My rule is to operate all cases of acute intra-abdominal trouble, that I consider surgical, just as soon as a diagnosis can be made. It is really a matter of no very great importance whether you recognize a case of perforating gastric ulcer as such or not, if you observe the rule to operate all cases manifesting symptoms for surgical procedure at once. I do this in appendicitis, acute gall bladder infection, acute obstruction of the gall bladder. I never wait for the attack to pass off, but operate as soon as possible, and usually have very little difficulty in getting patients to submit. I assure you absolutely that not a single patient suffering from acute perforating ulcer will refuse. They are suffering so acutely that they are willing to let you do anything. The mortality rate in cases of perforating ulcer is about sixty per cent. in cases not operated within the first thirty-six hours. All of my cases, with the exception of one, were operated within six hours. The one case had gone ten hours or over. The mortality rate increases rapidly as time advances, and the longer you wait before operation the surer you are to have a large mortality.

One of the things I had hoped to have brought out in the discussion was the method of handling the perforation, or the thing to do in these cases. Whether it is correct merely to close the opening, or whether one should pursue the course of perforimng a posterior gastro-enterostomy —which is considered to be the correct treatment of ulcer of the stomach. From what I have observed, and what seemed to be the thing to do when I went into the abdomen, it seems best to close the perforation and get out as quickly as possible. We often go into the abdomen in stomach cases, and find that an ulcer has perforated sometime since, adhesions have formed, and the ulcer healed. One of the things that brings about spontaneous cure in ulcer of the stomach is perforation—if the ulcer does not kill the patient, if the perforation does not produce chemical peritonitis sufficiently grave to cause death.

I think that it would be bad practice to perform a gastro-enterostomy in cases of acute perforating ulcer. The operation would be accompanied by a great deal of shock, which would add to the shock already caused by the perforation, and would probably be more than the patient could stand. I think the thing to give the best results is to recognize the trouble at once as a surgical procedure, operate within the first thirty-six hours, close the opening, get out of the abdomen as quickly as possible. Treat it as a case of suppurative appendicitis—simply drain and get out.

A MODERN OPERATION FOR RECTAL FISTULA.

BY ORLANDO R. VON BONNEWITZ, M. D., NEW YORK CITY.

The pathology, etiology and varieties of rectal fistula are well told in any late work on rectal disease, and as I have nothing new to add I shall not take up your time with this phase of this very common disease.

I want to call your attention only to some of the bad features of the usual operation for this very distressing malady.

The question of scar tissue, as the result of the regular operation, is one which is claiming the interest of pathologists the world over, and rectal surgeons have to a great extent succeeded in eliminating this bad feature by new or refined technique.

The wanton destruction of the soft tissues of the anus, as has been the practice in the past, has no place in modern proctology. The surgeon who cuts and slashes today, without regard to the future of his patient, will have to answer for his sins and lack of skill to a "very near" future generation.

The part which this scar tissue plays in the enormous increase of rectal cancer is one which may be questioned today, but may be a dead certainty tomorrow.

Almost daily new names are added to the competent investigators, who believe that many, if not all, of these growths have their inception in cicatricial tissue.

In private as well as hospital work it is certainly astonishing how often malignant cancer is discovered in cases with a very large scar, or the history of an operation five or ten years previous.

It is the frequency of this peculiar occurrence which arrests attention, and precludes any idea of coincidence in such a large number of identical cases.

The concerted action of pathologists abroad has already reduced the mortality figures in cancer of the uterus quite materially, and I am of the opinion that the near future will show some astonishing facts regarding cicatricial tissue and malignant cancer.

The alarming increase in cancer of the rectum is shown in the 12th U. S. Census Report, and William, of London, records 177 deaths per million in Great Britain in 1840, and 885 per million in 1905. Of these 9.6% occurred in the rectum of males and 5.9% in females.

That proctologists should be intensely interested in these figures is shown by Allingham, who states that 60% of all the cancerous growths occurring in the digestive tract are found in the rectum, and 90% of these in lower three inches.

Naturally better instruments and more competent observers among the general practitioners would find things formerly overlooked, but certainly not to this extent.

That cancer of the rectum is first a local disease has been pretty well demonstrated, and that it is curable, if recognized early enough, is a classic fact. But as Mayo says: "It is an unfortunate fact that cancer of the rectum is not recognized early enough to obtain a radical cure."

He further states that out of 120 resections of the rectum for cancer 62% showed evidence of previous ulcer.

Pennington gives as his belief that scar tissue from some of the older operations for fistula when the wound is left open and heals by granulation, as well as the clamp and cautery, or ligature methods in hæmorrhoids, are responsible for many cases of carcinoma appearing in later life.

All of you have met the *"battle scarred veteran,"* many of whom have been wearing a diaper for twenty-five years,—a living monument to some unskilled surgeon.

The large number of these cases met with in the hospitals and clinics of New York spurred the writer to try something different long before the dangers of scar tissue were an issue.

It is difficult to render the ano-rectal region surgically clean, and to keep it so is impossible. The little device I show you today seems to fill a place much desired in rectal surgery, and in my hands has been extremely satisfactory. For want of a better name I call this an "anal splint," as its action is to support the parts quite as much as for drainage. The funnel-shaped end which enters the rectum is fairly sharp on the edge, and this edge is completely buried in the wall of the rectum. Then by affording a smooth path for the discharges to flow out the 7/16 inch opening into the gauze away from the sutures, the small expanded end which remains outside the rectum simply keeps the dressings from slipping off the end of the tube.

The splint is made in three sizes, both in length and in width, so you may select the size you need. The operative technique I employ in fistula is about as follows:

After the parts have been carefully asepticized, the bowels thoroughly emptied and cleaned, the sphincters are dilated and the fistula divided by a clean cut, the diseased tract is then dissected out clean, the parts again asepticized, and brushed over lightly with carbolic acid and oil; it is then sutured as a clean wound, being careful to approximate the edges smoothly.

The operative field and anus are then dried as well as possible, the correct sized splint is wrapped with gauze, and the funnel-shaped end inserted well into the rectum, when it is pulled down until it engages the internal sphincter. Gauze is then packed about the anus. When the internal sphincter contracts, which it does in about two hours, it encircles the flared end of the splint and effectually seals the operative field from contaminating secretions—even gases are excluded.

You will not have any of the post-operative spasm of the sphincter or gas pains if you do not move the bowels for ten days. But if you need to do so after three days, you may give an enema and not soil your dressings, as the contractions of the muscles grow lighter each day, and by that time the slight oozing of blood, which takes place, will be hardened sufficiently to resist dampness or even more than that. The plan does not allow any gauze to extend into the rectum to become contaminated.

This splint is applicable to any operation about the anus, and if your field is aseptic before introducing the tube you will find it will remain so.

While I do not believe in the white head operation on account of its severity and dangers, I believe if it were ever necessary to do it this device would very materially reduce the dangers.

I used it in an old fissure case, which had been unsuccessfully dilated twice and operated once (the external sphincter being divided).

I simply dilated and cauterized with silver under gas anæsthesia, placed the large splint in place and let it remain for twelve days. The result was most satisfactory.

I have repaired sphincters which had not functionated for years, once by the Chetwood operation, and the dressings remained dry.

Two early failures were due to an unclean field before introducing the splint.

I now do a sub-mucous dissection for hæmorrhoids, which leaves a smooth mucous membrane, and healing by first intention is the rule. In all of these cases the scar tissue is reduced to the minimum, which is practically nothing, and relieves one's mind of the dangers attending the future of our patients, who trust us to do our best for their relief.

Whether you believe or not that scar tissue plays the important part in cancer the pathologists would have us believe, certainly it is not an advantage to have it there, and it must necessarily act as a foreign body, which is not to be desired.

Certainly this operation has every advantage over the old method, as it saves much time of both the surgeon and the patient in the regular dressings, and to my mind the dressings are of more importance in the open method than the operation.

Many a good fistula operation has been spoiled by delegating the dressings to a subordinate, which a busy man is tempted to do.

The removal of the splint is quite simple. An enema of hot water is given by means of the tube supplied, which fits snugly into the splint. A short rubber tube is connected to this, and enough water is forced in with an ear syringe to produce some distention and relax the muscle, when the tube readily comes out.

PREPARATORY AND POST-OPERATIVE TREATMENT OF CARCINOMA.

BY W. A. GUILD, M. S., M. D., DES MOINES, IOWA.

To propose a treatment which will assure better results in cancer cases by combining a distinct medical treatment with surgical is the purpose of this paper.

In one of the sections of this meeting surgeons and medical men were antagonistic in their views and statements regarding cancer treatment. We cannot deny or belittle the value of surgical attention, nor do we, with our knowledge of actual non-surgical cures, insist that surgery is always indicated.

The difficulty lies in the lack of co-operation.

This society is progressive, but stands for conservatism in life and death matters. The pendulum is swinging back from too heroic surgery. For thirty years surgeons have striven bravely,

boldly and daringly, almost alone against the scourge of cancer. Surgical technique has been improved until now it is marvelously perfect. Thousands upon thousands of trusting patients have, urged by their medical advisers, gladly and hopefully submitted to operation. These have been performed earlier and earlier in the progress of the disease. Every lump and tumor has been treated with a suspicion borne of eternal vigilance. Medical men everywhere have referred their cases to the surgeon as the only hope.

And yet the cancer mortality has increased more than threefold in the last three decades. As a distinct curative measure surgery alone is a failure.

With but few exceptions the medical man, until recently, has not dared undertake what his more bold brother has fearlessly—but unsuccessfully—attempted. Now with the knowledge of spontaneous cures, of the power of accurately selected remedies, with electricity and radio-active agents to augment, many of our best men are decrying surgery in the treatment of malignant growths.

The majority of general practitioners throw up their hands and refer the cancer cases to someone whose shoulders are more broad.

Failure of surgery to eradicate carcinoma in so many cases is constantly cited by non-surgical champions. Unscientific treatment and "near-quackery" is charged up to the non-surgical advocates by the operators.

In international disputes, in conflicts between capital and labor, wise men attempt to bring together both parties in council. This usually results in compromise—each side gives and takes, with benefit to all concerned. Stubbornness born from a desire to dominate, or perhaps from bitterness engendered by persecution, often stands in the way of agreement; and both parties suffer at least a suspicion of usefulness.

The present situation in the Republican party is a good illustration of how far apart two groups of men can get, both striving towards the same end, yet holding different views as to procedure.

After reviewing the work of Conheim, Waldeyer, Hanseman, Thiersch, Loeb, Gaylord, Rous, Metchnikoff, Bashford, Erlich, Czerney, Jensen, Clowes, Keyser, Wassermann, Tyzzer and others the theories of etiology may be divided roughly into those dealing with parasites and those dealing with cell autonomy.

But, no matter what the future may reveal to be the cause, those familiar with carcinoma realize that it is too *constantly* combined with *complicating diseases* for us to hope for a specific.

The treatment of the carcinomatous patient belongs neither to surgery alone nor alone to the field of medicine; both have successes—both have ignominious failures.

There is a lowered vitality, a lessening of the individual's im-

munity, either by heredity or by subsequent loss of potential resistive powers, which permits cancer to start and which allows it to persist. When our degree of immunity to disease is lowered past a certain point resistance is lessened and we are attacked.

In treating cancer surgically or medically the patient's vital reactive forces must be considered of first importance. If the removal of the mass by surgical procedure causes sufficient reaction the tumor does not recur. If medicine or non-surgical measures raise resistive and reactive forces sufficiently the patient will heal without surgery.

Here then are two great remedial agencies—one removes the source of further contamination and toxic absorption by excision —the other combats the growth by stimulating forces within the body; combined they can be a potent power for much good.

In taking a cancer case too much attention cannot be given to details of examination. We are apt to lose sight of the patient behind the malignancy.

The history, family and personal, must be complete. The physical examination must include the scrutiny of eye, ear, nose, throat, spine, rectum and generative organs (with the orificial thought in mind). Reflexes are to be tested, the condition of the skin noticed, blood pressure determined, differential blood count made and hæmoglobin percentage determined. In suspicious cases the Wassermann and tuberculin tests are employed. The twenty-four hours' urine is examined chemically and microscopically. In fact we must take extreme care in examining the cancer patient, for frequently unexpected and unlooked-for conditions are the keynote to the case.

The examination of the tumor itself is less important, but should be made carefully without unnecessary manipulation and without sections being taken. If we have grounds for suspicion the patient needs treatment.

Tumors of the viscera can be diagnosed, if not otherwise, by exploratory incision. I do not believe microscopic findings benefit the patient, although they teach us better to recognize conditions.

I propose to put the carcinomatous patient on a preparatory treatment, extending from six weeks to six months. If the case is inoperable this treatment will many times change conditions, so as to not only permit, but also make the operation desirable. This treatment, as outlined further on, has not only given reprieve to many lives, but has proved curative in several so-called hopeless cases.

The active treatment is divided into: *First*, the general medical treatment of the patient; *second*, the treatment of the tumor.

The patient is given the best of general care regarding habits, diet, etc.; orificial surgery is employed to improve the circulation, set up increased tissue metabolism, augment reactive power and aid in the effectiveness of other measures.

Subluxations of the vertebræ are reduced by either vibratory massage or manual therapeutics.

If possible the patient is given ozone inhalations daily. This actually increases the number of red blood cells and the amount of hæmoglobin.

Nuclein, thyroids, amylopsin, trypsin, pancreatin, ptyalin and bilien are often indicated. Methylene blue in doses as large as can be tolerated and Quinine sulphate exert beneficial action. Fibrolysin hypodermically, Thiosinamine by mouth and Chromium sulphate benefit the scirrhus variety.

The patient should be supported by Strychnine sulphate, 1/30 grain, from two to five times daily.

Magnesium sulphate baths twice weekly will increase elimination by both skin and kidneys, and will prove a laxative as well.

As food tonics the Glycerophosphates and Lecithin combinations may be employed with benefit.

The homœopathic remedies are chosen by the totality of symptoms. The fatal mistake in treating carcinoma too often is made in prescribing for the cancer rather than for the cancerous patient. We think, however, of Arsenicum, Stillingia, Phytolacca, Fraxinus, Condurango, Hoang nan, Iodine, Lachesis, Apis and Thuja as leading remedies, but, as Dr. Dearborn well said at Monday's session of the Bureau of Dermatology, "prescribe Bryonia in *cancer of the lip* if the totality of the symptoms calls for it." I have known of advanced cases of carcinoma to recover on the homœopathic remedy alone. I must state, however, that personally I do not feel I am doing my full duty to my patient if I stop short of using all of the remedial agencies at my command.

In my own practice I employ a mixed "Serum-Vaccine," making practical use of personal and borrowed ideas, theories and experimental data. This fluid is administered hypodermically and the dosage increased and repeated until reaction occurs. It is made from mixed infections similar to those of Shaeffer, but containing in addition at times Neoformans, Pyoscyaneus, etc. An individual "Serum-Vaccine" is prepared for each patient. To this is added extract from a similar excised tumor, defibrinated blood from the patient, and serum, if obtainable from a patient who has recovered from a similar malignancy.

I have never known this preparation to fail to bring about a reaction and an increased resistance to the growth. Oftentimes pain is immediately relieved and frequently the patient is very much exhilarated.

If the vaccine-serum is used too frequently the patient loses weight, but if carefully administered a constant gain occurs.

Together with the above systemic measures local treatment is employed. This is determined, from necessity, by the conditions and locality of the growth. We use:

(1) Bandage pressure.

(2) Electricity.

(a) Galvanism.
(b) Cataphoresis.
(c) X-Ray (with caution).
(d) Fulguration.

I have found the high frequency spark actually reliable in destroying superficial proliferations. Radium and radio-active elements must be given great credit as local active agents. Removal by escharotics may be indicated in tumors of the breast and can be used in vagino-cervical carcinoma to remove in part the sloughing mass. Acetone controls bleeding very nicely and hardens the tumor.

In abdominal and mammary carcinoma fomentations to the surface of saturated magnesium sulphate solutions will allay pain and reduce swelling.

To open, ulcerating breasts and to vaginal growths I apply with very excellent results the following:

Infusion of Violet Leaves,	one part.
Witch Hazel,	one "
Saturated Solution of Magnesium Sulphate,	two parts.

This is steam sterilized and kept constantly warm on dressings and tampons.

Under the above medical and local treatment and the use of the serum-vaccine many inoperable cases can be brought to an operable condition. Operable cases can be better prepared. The surrounding induration and glandular involvement usually disappears and the tumor contracts upon itself.

My best results have been in uterine cases, where hysterectomy was made possible in cases previously considered inoperable and hopeless. Under this treatment four cases of adeno-carcinoma of the uterus and vagina have recovered without operation.

After the preparatory treatment has accomplished its work the surgeon's work is easier and the danger from immediate recurrence lessened.

The post-operative treatment consists of a continuation of right living, the administration of carefully selected remedies and a monthly administration of the above described serum-vaccine.

DISCUSSION.

Dr. Belle P. Nair, Fort Atkinson, Wis.: I do not know whether there is anyone else in this room who has made use of this treatment outlined by Dr. Guild. I have a case now under treatment, and I would like to give a little of the history. Woman sixty-two or sixty-three years of age. No history of pain, some hæmorrhage for a short time before I was called. I took her down to Chicago, and Dr. Pratt verified the diagnosis. At this time she had an attack of la grippe, which seemed to hasten the development more than I thought. An old school man was called in consultation and verified the diagnosis. In addition to the cancerous growth there was some abnormality of the abdomen, as she had been increasing in size, but we later found that this was simply food and gas in the intestinal tract. The operative work was done, a portion of the

blood secured by Dr. Guild, and the serum prepared. She has been on that treatment since April. The carcinomatous mass, which had involved the rectum, bladder, and all the adjacent parts has been very much decreased. There has been no hæmorrhage since the treatment was commenced. Have been giving her strychnia, sulphur, etc., together with Dr. Guild's preparation. Some one has asked if this is not a homœopathic meeting. Even if we are homeopaths I think we all agree with a remark made by one of the doctors that we must use common sense in the treatment of our cases, and if this treatment is going to help cancer we might as well use it as to use homœopathic remedies and get no results.

Dr. James, Philadelphia, Pa.: I always like to speak on the subject of carcinoma particularly from the standpoint of the gynæcological practitioner. I never think of these cases that I do not think of the statement made by one of our authorities, that carcinoma is the most responsible diagnosis that a physician is called upon to make. The failure of diagnosis, or if the diagnosis is made so late that the case becomes inoperable, costs human lives. It simply means at the present time that we are in the surgical stage of carcinoma. I do not believe that the Doctor means to report two or three cases which have been helped by vaccine treatment or by local treatment. I would hate to see this society go on record as sanctioning anything except surgery for carcinoma at the present time. The trouble with our society is that we are too small. European investigators do not report cases until they have had five or six hundred or a thousand, and then they give a little bit of a smattering of the result they have had. We have two or three cases, the cases improve, and we attribute their improvement to a certain remedy or some local treatment. Until we are able to report a series of cases with this experiment, we should not feel that we have anything better than surgery in cases of carcinoma.

Dr. William E. George, Indianapolis, Ind.: I want to ask a question in regard to diagnosis: Whether anyone here has had experience with methylene blue in urinary analysis for determining carcinoma. If they have, it would be corroborative, but not conclusive, perhaps. I knew nothing of the method until within the past year. Since that time I have used it in approximately a dozen cases. Four of these gave a positive reaction, the other negative. All the positive cases were those in which diagnosis was impossible at the time by any other means at my command. All of them proved afterwards to be true carcinomata. Two of the patients died, the other two are still living. This is simply a question as to whether this means of diagnosis, which was first published about a year ago, is of any value.

Dr. Walter Crump, New York, N. Y.: This subject of cancer I believe is the most important one we have to consider as practitioners. When we come to realize that eight of every nine patients in the United States die of cancer we will appreciate what a terrible scourge it is, and that as physicians it is up to us to institute the most modern methods of treatment. "One swallow never made a summer," and when we read reports of one or two cases of this most terrible malady cured by some treatment, when surgery has a mortality of about one hundred per cent., it is time to sit up and take notice. I recall a case which Will Mayo is fond of citing. A certain firm sent out its pamphlets, stating that it had effected a cure in a case which Dr. Mayo had pronounced cancer. Some physician finally read it and said to Dr. Mayo: "I do not think you ought to allow your name to be put in this pamphlet." It stated that the patient had been in the hospital at Rochester, that a positive diagnosis had been made of cancer, that that was ten or twelve years ago, and the patient was still alive. Mayo went to a lawyer and said, "I would like to have that stopped." The lawyer asked if he had really said that the patient had cancer. "Yes," said Mayo. "Very well," said the lawyer, "you must let the pamphlet go—you have no come-back." This case was really operated upon, and when they cut down upon the liver they found what they thought was carcinoma. It was probably a syphilitic liver, or a condition of that sort, and no matter what the patient had taken he would probably have gotten well just the same.

When we report cases of cancer we should have microscopical data back. It is too serious a condition. I believe that the mortality of cancer is the mortality of delay. The only thing we know now is that cure is early excision. All there is to cancer is the cancer cell, and if you get the patient while the cells are limited, and submit him to the knife of a competent surgeon, you will cure. The great mortality is due to delay alone. Probably fifty per cent. do not come to the doctor until after all sorts of things have been tried, and then the case is beyond the stage when the surgeon can do anything for it. There is no doubt but what the test meal has done more to hamper the cure of cancer of the stomach than any one thing. We fuss along with laboratory findings, and fuss along with test meals, until the case gets past the stage where operation will do any good.

One other point: Cancer spreads through the lymphatics, and the older the individual the less fulminant is cancer. After a person has attained the adult age the lymphatics begin to necrose. In old women with cancer of the breast it is a less serious problem than in a woman forty or forty-five years of age. The time to cure is when the cancer is limited. The only cure at the present time is its early and complete eradication by the knife.

Dr. Guild (closing discussion): The hour is so late that I had not intended to say anything further. I want to thank the gentlemen, however, who have discussed the paper so well. I knew before I wrote the paper that the medical treatment of cancer was always a "red rag" in a surgical meeting. However, the idea of letting experimentation go until we have accumulated a good many hundreds of cases to report, does not seem to me right. It seems to me that the trouble in the treatment of cancer is neglect; that that is the missing link between the medical men and the surgeons. If the audience will remember that is the point I tried to make out. I do know that the cases were absolutely cancerous. I have slides in my office that were taken from the tumors of patients who are well without surgical interference. I would not presume to come before this society and make erroneous statements. I could spend hours reporting cases which got well through surgery, some without, and some with a combination of both methods. It seems to me that the message I started to offer this society is still a valuable one; that we should use in treating this scourge everything that God has given us, every remedial agent in our power. No one questions that radium and radio-active remedies affect cancer and lessen its growth. I have one case in mind. The patient had been to Rochester where his case had been pronounced inoperable, and was told that he had only six weeks to six months to live. That man has gained eight pounds, and is getting better. He is not well, and we do not expect he will get well. We expect him to die from carcinoma of the œsophagus. However, the man is gaining in weight and is happy, and if we do not accomplish anything more than that we have done well.

Do not forget, please, surgeons, medical men and women, that the message of the paper was not how to cure cancer without surgery. We have no specific or cure-all. It was simply a plea to use all of our agencies in the treatment of this scourge, which is afflicting three millions of people of the United States at the present time.

Chilblains.—Calcium chloride, 5 to 15 grains, three times a day, in liquorice extract or other pleasant vehicle, will usually give relief and when ulceration has set in will cause healing. The only local treatment needed being cleanliness and a linen cloth. Too large doses may cause giddiness.—G. Arbour Stephens, M. D., London, Eng.

Dr. J. C. Sanders used to recommend macrotin 2x, 2 grains, once a day, in the 7th mo., twice a day in the 8th mo., and three times a day in the 9th mo. of pregnancy, to insure good muscular tone, at time of confinement. Try it.

BUREAU OF CLINICAL MEDICINE.

USES AND LIMITATIONS OF BLOOD EXAMINATIONS.

BY W. HENRY WILSON, M. D., CHICAGO, ILL.

The analysis of the blood has come into extensive general use within ten years. This has been due to several causes. First among these, our knowledge on the subject became much more definite about twelve years ago; second, blood is easily obtained and the getting is practically painless. In recent years we have learned that the blood stream carries not only the chemical, but the living means of defense.

The field of usefulness for blood diagnosis may be considered under four heads:

First, the diagnosis of the so-called blood diseases, such as primary pernicious anæmia, chlorosis and leukæmia.

Second, acute infectious diseases.

Third, malignant tumors, and

Fourth, animal parasite diseases.

In the first division, the field of blood diseases, the verdict of the blood examination is not only final, but exceeds in importance the information secured by other means of investigation. It was the common opinion some years ago that these diseases were rare. The truth is they were rarely discovered. In my personal experience primary pernicious anæmia is not only not rare, but is comparatively frequent. I have under observation from three to five cases all the time. Chlorosis is becoming less frequent than ten years ago. Leukæmia and its counterpart, Hodgkins' disease, can be distinguished by no other method.

The second group of diseases, or the acute infections, not only demand the frequent service of the blood analysts, but call into service all the knowledge which he is likely to possess. The blood furnishes us several different means of recognizing infection—first, the composition of the blood itself, which varies with the character of the infection; second, the reaction of the blood serum, which is especially useful in the recognition of typhoid fever; third, the reaction of the serum or rather certain of its constituents, as in the Wasserman test for syphilis; fourth, the making of actual cultures from the blood where septicæmia is suspected. In reaction to infections diseases are grouped under two heads: those that excite a leucocytosis and those that do not. Under the first group come all of those diseases due to pus germs and pneumonia germs. Under the second come typhoid infections, influenza, measles, German measles and acute tuberculosis.

The diagnosis of suppuration is one of the most frequent and valuable services rendered by the blood tests. It can be done with a great degree of certainty by a man of experience, and is extremely helpful in many obscure and deep-seated pus infections. The Widal test for typhoid fever is well known to all and its introduction has done almost as much harm as good. I mean by this that many physicians call for a Widal test when the total blood examination would give them very much more information.

In the matter of malignant tumors the blood in my experience has rendered great service. A malignant tumor of either kind, which is large enough to give symptoms, will almost invariably give a blood reaction. This reaction bears a remarkable similarity to that of suppuration. It differs from it, however, in at least two ways—first, the response of the white cells is less extensive, while the injury to the red blood is more extensive. Occasionally, as in cancer of the stomach, you get the result of two different forces acting in opposition; one, the toxæmia of the cancer, is counterbalanced by the starvation resulting from the diminished function of the stomach. Here one requires a fine discrimination. In the fourth group of diseases I have had some interesting surprises. The diagnosis of malaria is, of course, well known to everyone, and is one of the most positive things in medicine. The diagnosis of worm infections has in my experience been greatly aided by the blood finding. One or two cases will serve to illustrate.

Case 1.—A young engineer, who had resided in Mexico for some time, became ill and returned to the United States for treatment. He presented the appearance of a case of primary pernicious anæmia. He had complained of more or less intestinal distress and one intestinal hæmorrhage. The blood showed a white count of 16,000, with the eosinophiles up to 22%. I immediately reported to his physician that he was in all probability dealing with a case of worm infection and advised an examination of the intestinal contents. This investigation showed that the embryos of the hook worm were extremely numerous. Under suitable treatment he rapidly improved.

A second case was that of an old gentleman, complaining of a group of symptoms which strongly suggested cancer of the stomach. The blood examination showed 11% of eosinophiles with a moderate leucocytosis. I advised this physician that he was probably dealing with worm infection, and treatment was given on this theory. The symptoms immediately cleared up, although they had been severe for some weeks. It has been a rather frequent experience to find suggestive evidence of worm infections in the intestinal tract and have them clear up under appropriate treatment, even though absolute evidence as to their existence may not have been obtained.

THE LIMITATIONS OF BLOOD EXAMINATION.

The blood examination does not in any sense replace the physical examination; in fact, the physical examination should always precede it, in order that the possible lesions may be reduced to the smallest number. While, as I have said above, the value of the blood tests may be greater than all the others combined, its greatest value can be secured only when used in addition to a thorough physical test.

Second: A blood analysis is technically not only difficult, but laborious, which, of course, means expensive. It should therefore be called into use, not so much as a routine measure, but as a final arbiter. In my opinion the routine making of blood counts by untrained internes is not only very much of a fraud on the patient, but is equally successful in humbugging the physician. The average interne is about as competent to make the various laboratory tests as he is to perform major surgical operations.

I wish to take this opportunity of expressing it as my opinion that medical laboratories, as such, are a blunder. The value of an analysis depends just as largely upon the knowledge and personality of the man as does the value of medical service in any other field. The interpretation of laboratory reports should be made by the man who makes the analysis in consultation with the man who is making the medical examination. In other words, the laboratory man should be not simply an analyst, but a consultant, with the understanding that the hæmatologist is a real consultant and not a mere manipulator of test tubes. Then I can say truthfully that there are few diseases in which the diagnosis, the prognosis, and frequently the treatment, may all be greatly illuminated by a discriminating blood analysis.

DISCUSSION.

CLARENCE BARTLETT, M. D.: Mr. President, Members: I was very much pleased to hear Dr. Wilson say that the Widal reaction had done about as much harm as good, and no man ever uttered a truer sentence. The young man of today hesitates to diagnose typhoid fever until he gets a Widal positive. That position simply casts a reflection on all diagnoses of typhoid fever made prior to the discovery of the Widal reaction. The situation is this: The Widal reaction may present early; it sometimes is present late; and I have known it to be discovered only after the patient is good and well or well advanced in convalescence and the diagnosis already made. The other blood signs of typhoid fever I think are far more important—the leukemia and the possibility of getting a blood culture and I have seen that obtained as early as the third day.

The other point made by Dr. Wilson and which I think is not fully understood or appreciated by the profession is the great frequency of pernicious anæmia, as compared with chlorosis. I am satisfied I see about twelve cases of pernicious anæmia to one of chlorosis, and I would not be at all surprised if the proportion is still greater. In our college dispensary I do not think there has been a case of chlorosis the past winter, but the winter before I recall one case, though we have numerous cases of pernicious anæmia. This idea does not seem to be grasped by the profession at large.

THE USE OF THE RADIOGRAPH IN GASTRIC DIAGNOSIS.

BY ROY UPHAM, M. D., NEW YORK CITY.

(NOTE.—Dr. Upham's address was explanatory of a large number of lantern slides, yet while we realize that the absence of the pictures makes it incomplete, we think there are enough points of interest and value noted to make it quite worth while to print the paper, which is the report of the stenographer, reviewed by the doctor.—EDITOR.)

This work was first taken up in 1895 by the gastrologists of Europe, and Virchow was the first to do definite work along this line, by the introduction into the stomach of a covered copper wire when the radiograph was taken. Coincident with his work, the first man to take it up in America was Hemmeter, who experimented considerably. It was his habit to put into the stomach a rubber bag coated with a nitrate of silver solution, until the radiograph was taken. The bismuth meal was used several years after that, but its use was not satisfactory, as the stomach would move and it was impossible to get a sharp outline. By this time the coil was put on the market in America, but its use necessitated too long an exposure to get a satisfactory picture. With the transformer apparatus, which is used today, with its much higher voltage—250,000 volts in one direction—the result is attained in ¼ to 1/16 of a second, giving a sharp, definite outline.

A picture of œsophageal obstruction will be shown first. The next picture will show the point of obstruction much clearer than the last picture. Where the shadow is light there is no bismuth. That case has since been given potassium iodide, with the disappearance of all the clinical symptoms.

We have here the ordinary, normal appearance of the stomach, which is taken in the perpendicular position. I would call particular attention to the smooth, even shadow cast by the stomach and the tendency of this lower border to slope in a downward direction, showing that it lies diagonally at the lower border. The fact that the appearance of the stomach is constant is evidenced by the next two or three pictures, taken at intervals of two weeks, of the same case, and I think you would recognize it as the same stomach.

These radiographs, in practically every case, show the stomach in a lower position than that which you remember pictured in the text-books. That picture is particularly good, but always at the upper border of the stomach, at the fundus, there is an air space. The Germans call it "magenblase."

The next picture shows the same stomach in practically the same condition.

That represents the second type of stomach. The other stom-

ach was the drain trap type. This is practically a normal stomach, called the "cow-horn" type. It is much less frequently met with. I presume the proportion of people having "cow-horn" shaped stomachs is one in six or eight. It is, however, a normal type of stomach, again giving the smooth, even distribution of the bismuth and the lower border of the stomach sloping upward in that direction. Those are diagnostic points. The "cow-horn" type of stomach is higher up and corresponds to your text-book type of stomach, more so than the drain-trap type. That approximates the nearest of all to a normal stomach I have been able to take. Note its location, being above the navel, and the stomach being divided into the two portions—the fundus and the pylorus.

While I have not meant to go into the physiology, my talk being purely for diagnostic purposes, I might be pardoned for mentioning that the stomach has been found to have a period of contraction and a period of rest, the same as the heart. This picture represents the stomach in diastole, when the pylorus happens to be ready for the next stage, which shows in the next picture. The contraction starts in the upper end of the fundus and the contractions extend to the pyloric portion and pass outward. It has been endeavored by some to prove that the absolute motility of the stomach is merely a peristaltic wave, like the intestinal wave, passing down to the duodenum. I have three pictures later on which I want to present, which will disprove this. I wish to refer to Hemmeter again. He was one of the first physiologists, if I remember correctly, who brought out the fact that the pyloric portion of the stomach is more or less a strong tube which passes on food, and he believed there is a distinct difference between the peristaltic activity which occurs in the fundus and that which occurs in the pylorus or pyloric portion.

The next picture is the same stomach one degree further along in its period of contraction. Here we have a contraction much as it appears at the pyloric sphincter, and the bismuth has been extended into the duodenum, represented by the dark area, which is called the duodenal cap—the space which is represented by 1/16th to ⅛th of an inch as the normal width. This took place in the normal stomach, showing that the bismuth has passed into the duodenum. When you get the duodenal cap you can absolutely exclude pyloric obstruction. Later I will show you some pictures which have no duodenal cap. If you get the cap it shows the pylorus is open and there is no constriction. You may take a series of twelve pictures and you may get from one to three or four that have the duodenal cap.

This picture shows a practically normal stomach in a woman. Note the position. The lower border is much lower than the spot here representing the navel, the normal position being half way between the navel and the ensiform cartilage. There you

have a stomach which is lower down and it also shows the stomach in diastole or the period or relaxation, no contractions occurring along the border, the lower border being much lower than it is in the adult male. That picture does not show as well as it should. The points below indicate absorption of bismuth which has passed into the intestines. Here we have a duodenal cap, but much wider than the pyloric sphincter should be. We now pass to the second picture, which shows exactly the same series of occurrences, taken some five or ten hours later; you can absolutely prove that there is some derangement of function there in the region of the pylorus. It is found in both pictures and is absolutely conclusive of the adhesions which occur at that place.

The next series of three pictures I want to show you because they conclusively prove the fact that there is another motility or motion or function of the stomach than simply the waves passing from the fundus to the pylorus. This is one of a series of three pictures taken one immediately after the other as rapidly as possible. I want you to notice again the lower border of the stomach, being in a slanting direction, downward, the location being practically at the navel. We pass to the second and notice the difference which takes place in the pylorus. The fundus will remain motile. Of course you are mindful of the fact that these pictures are taken with only a flash of the X-ray tube and you must get a current of 50 or 60 m. a. In the third picture of the series you see how much the stomach is elevated above the navel—certainly an inch or an inch and a half above the navel. Another point to observe is that the fundus and the pylorus are not the same in width as in the first picture.

Our ideas are then that we have waves of contraction which pass down from the fundus to the pyloric portion, but the pylorus has a second entirely different and independent motility from that of the fundus. Notice in that picture the smooth, even bismuth shadow, being the same throughout the entire stomach. The radiographs do not show as well on lantern slides as in plates, and parts are much sharper and clearer, while the smooth, even texture of the bismuth shows better on the plates even than it does here.

Now we pass to the displacements of the stomach. Within the last six months one author has brought forth the fact or endeavored to establish the position that all cases of drop stomach are due to defective development of the stomach in embryological formation, it being then an almost intra-pelvic organ, lying on the pelvic brim. The reason people have gastroptosis and other like derangements is that it has never gone up to its proper position high in the abdomen. The author cited gave a very learned discussion, but I think this picture disproves his theory because here you have a vertical type of stomach. That pylorus dropped two inches below the navel. When the patient

came to me she had the typical symptoms going with that type of disease, but under super-alimentation and the rest treatment her weight was carried up forty pounds. That stomach will go up and I think that radiograph conclusively proves that all drop stomachs are not due to any embryological condition. Here you have a more typical picture of gastroptosis, the organ having dropped down below the navel. From this picture it might seem that drop-stomach is an embryological condition. We have to be more definite than we have been heretofore because we can differentiate between dropped pylorus, dropped fundus and a dropping of the whole organ.

This picture shows the hour-glass contraction of the stomach, the indentation or narrowing being here.

This picture, taken six hours later, shows conclusively the retention of the bismuth above the contraction. By the way, two ounces of bismuth should pass out from a normal stomach in six hours. When it passes below the contraction it passes beyond the pylorus, and in a case of ordinary atony where there is retention the bismuth is scattered more generally. It is simply an atonic, weak musculature.

This brings out the motility of the contents of the stomach, which is in a great measure similar to that of the intestines. There is a central current which is the strongest and what remains along the side is more slowly passed on. What is in the middle stream passes along for further digestion or absorption.

This picture shows the lower border of the stomach, which is abnormal, on a horizontal plane, but slanting downward. At the same time there is absolutely no evidence of the presence of bismuth beyond the pylorus. You can see the outline of the pylorus.

In this picture you do not see the duodenal cap. Practically no bismuth passed on. The diagnosis of pyloric obstruction was made. The patient came in the following morning for a test. We did a gastroenterostomy on him and he gained twenty-eight pounds since March 29, 1912. That is characteristic in its appearance of obstruction of the pylorus—absence of duodenal cap, the lower border of the stomach falling downward, being horizontal, not vertical.

This picture shows the result of pressure on the stomach. There was a tumor in the abdomen and it was very difficult to determine its location. It was possible from this picture to exclude gastric involvement.

The work which remains to be done and which is wanted the most is something definite in diagnosis concerning gastric ulcer. One operator believes bismuth can be demonstrated in the crater of the ulcer. He has taken many pictures, first giving the subject bismuth and letting it pass out of the stomach. A small speck remaining in the crater, he believes, is sufficient evidence of gastric ulcer. But there are too many defects liable to enter

into photography. The only definite thing I can give you on gastric ulcer, and this case was proved by operation, is the fact that the pylorus looks as if it were a dense flame, extending upward to the duodenal cap. That is the only conclusive result at the present time. That case was operated, a gastroenterostomy being performed, and it is greatly improved.

It is almost needless to tell about this case. There was great loss of weight. The attending physician could not entertain the belief that it was cancer. The patient did not vomit and vomiting, in his belief, always occurred in cancer of the stomach. The patient was intensely nauseated, with well defined tympany, there being no obstruction below, as you see on this radiograph. A test meal showed an absolute absence of all hydrochloric acid and there was no lactic acid bacillus present. You can see here what has happened. The growth has encroached upon the stomach, infiltrating this portion, the bismuth not filling in because the growth is taking up space inside the stomach and is preventing the bismuth from coming in and filling it up. You see the duodenal cap and can therefore exclude pyloric obstruction. Obstruction of the pylorus never indicates cancer. In cancer there is nearly always an uneven condition of the picture, and you can rule out vomiting as a symptom of value unless there is obstruction of the outlet.

OBSTETRICAL SOCIETY

IMMEDIATE OR LATE REPAIR OF THE PERINEUM.

BY GEO. P. STUBBS, M. D., PHILADELPHIA, PA.

In our rush after new ideas it is well for us to stop and consider the methods and technique of our common, every-day emergencies. It is hard to realize there ever could have been a time when medical men thought the natural course of a labor involved a laceration of the perineum. The belief may be likened to the firm place held by "laudable pus" in the professional mind of a generation gone.

With a clearer knowledge of the mechanism of labor came an appreciation of the preventability of lacerations. And as asepsis was understood and practiced there arose a demand for the repair of such lacerations as did occur. The good results of this work soon made it impossible for an obstetrician to neglect the repair of any perineum if he would retain his good reputation.

Having gone so far, the pendulum swings a little further and demands the *immediate* repair of *all* lacerations of cervix or perineum.

And here, if we yield to the popular demand, we are apt to run into a grave danger. It is true that most authors mention the advisability of delaying operation on complete tears for as much as twenty-four hours, but I have met with none who insist upon the point or give it the prominence it seems to me to deserve.

All will readily concede that lacerations of slight degree should be given immediate attention, with an anæsthetic or without. There is also a great temptation to immediately repair quite extensive vaginal and perineal lacerations, that the busy practitioner may the sooner be freed from the case.

What is the result of such a hurried procedure?

Let us consider the conditions.

We have to deal with a muscular body in a state of great depletion, its fibres stretched and lax, showing sometimes spots of pressure gangrene, its circulation sluggish or nil. The tissues are œdematous and bathed in a mixture of blood clots, amniotic fluid, meconium and possibly urine.

The patient herself is exhausted, worn with pain and intolerant of further suffering. Surroundings may not be favorable, especially in the poorer class of private work. Insufficient light, low bed and coverings by no means aseptic. Under such circumstances it is passing strange that success attends as often as it does.

In hospital work and the better class of private patients improved local conditions help greatly, but do not remedy the low vitality and lessened resistance of the tissues present immediately after parturition.

One of the stock arguments for the immediate suturing is the benumbed condition of the tissues and yet, I doubt not, all of us have heard patients declare the "stitches" to be the most painful part of the labor.

Unless an anæsthetic is used, it is vastly more easy to overlook a hidden vaginal tear high up in the cellular tissues of the pelvis, in the swollen distorted state immediately following labor, than it is after a lapse of twelve or fifteen hours and the giving of an aseptic douche.

After the second day, as Norris and others have shown, the lochia is rich in germ life and raw surfaces exposed to its action quickly become infected, the produce of which infection is promptly absorbed by the over-abundant and active lymphatics of the pelvis. Since the vagina furnishes most of these bacteria, when delay in operating is desirable, this should be overcome by the use of douches of lysol or bichloride of mercury, or any other of the recognized antiseptics. I have even on occasion lightly packed the tear with iodoform gauze wrung out in lysol solution. This is soothing and puts the tissues in better circulatory condition for a subsequent operation.

Good results in immediate repair of an extensive vaginal or

perineal tear depend largely upon an accurate approximation of the torn edges of the mucous membrane. This is especially true of complete lacerations involving the rectal mucous membrane. Hence the warning of many writers to delay operation until landmarks are clearer and the patient in better condition. But the danger is as real, even if less in degree, in tears of the incomplete variety, for the swollen state of the tissues often makes it well nigh impossible to secure accurate mucous membrane coaptation. Moreover an unrecognized necrotic spot of tissue will not infrequently liberate a suture and cause a gapping of the line. Through this break the infection enters and the whole work is undone. An abscess of the cellular tissues takes form and the sutures must be removed or will slough out. The result is a poor one.

Sometimes the tissues of the vulva are in such a bruised, swollen and unhealthy condition that a union of the parts cannot be expected. If attempted the sutures further constrict the vessels and lymphatics, retarding the return to normal circulation, and thus defeating the very purpose for which they were used. In this case a delay of fifteen or twenty-four hours with application of antiseptics would restore circulation to the edges of the wound, reduce the swelling and enable primary union to take place after the sutures are introduced. Also the line of demarkation between healthy and necrotic tissue has become more easily marked after a lapse of a few hours.

Another mishap which will sometimes follow too early suturing will be found in a rising temperature and other symptoms of puerperal infection, indicating that the lochia has found its way through the wound edges and is entering the system through pockets. Here we are confronted with the disagreeable necessity of removing our sutures in order to secure drainage. I believe that a delayed suturing, preceded by thorough douching, would prevent this mishap in a large percentage of cases.

In cases of latent or suspected gonorrhœa, lacerations, especially of the cervix, allow of the ready entrance of the gonococci into the cellular tissues or the body of the uterus, and the consequent development of puerperal peritonitis or abscess. In all such cases the most thorough cleansing of vaginal mucous membrane and careful closing of the wound is absolutely essential if we would save the patient one of the gravest of obstetrical perils. In these conditions the various silver salts, as protargol and argyrol, may be used with advantage as a douche and to wipe out the cervix once or twice before closing the perineal wound.

Where there is active hæmorrhage from the wound, uncontrolled by hot water douches, etc., immediate suture is of course demanded. This is, however, comparatively rare.

But why delay repair of a wound of the vagina any more than a lacerated wound of foot or hands is a very natural query. To this I reply that the conditions are markedly different. Few

other wounds are the result of such long continued force coupled with more or less constant pressure upon tissues, vessels and nerves.

Few wounds are so tortuous, uncertain in their ramification and so likely to be hidden, and almost none are so constantly bathed in a fluid which is a most excellent culture medium. It seems essential, therefore, that the wounded tissues should be put into the most healthy condition possible before the circulation is still further impeded by constricting catgut or silk.

Again, a delayed suturing of wounded vagina or perineum necessitates the use of an anæsthetic, which is as important to accurate work as it is in later plastic operations upon the same structures. I consider this of the greatest significance, since I have seen so often the attempt made to suture vaginal tears while the patient is rigid or squirming from side to side, making careful approximation an utter impossibility. For this reason an anæsthetic should always be employed in all but the most superficial lacerations, even if repaired immediately after labor.

Permit me to briefly cite two very similar cases.

Mrs. E., primipara, age 26 years, and in robust health, was delivered of an eight-pound child after a difficult labor lasting thirty-two hours. The use of forceps was resisted by the patient. She suffered a median perineal tear, extending up both sides of the vagina, on the left side almost to the cervix and deeply into the cellular tissues. As I could not see the patient again for several days, and with the concurrence of the family physician, the wound was closed immediately, under an anæsthetic, and with every aseptic precaution and great care to accurately coapt the wound edges. Interrupted stitches were employed. On the fourth day a slight rise in temperature indicated infection and an examination revealed two distinct spots of slough along the vaginal line of sutures. These sutures were removed and suppurating cavities drained and packed. Healing by granulation followed with a resulting fairly good perineum, but a vagina contracted irregularly, distorted by cicatricial tissue, and a menace to future labors or a possible cause of future rectocele.

The case of Mrs. C. M. was in many respects similar to that just recited, with the addition of enormous vulvular œdema and much bruising. The mother was a primipara, the baby weighed fourteen pounds and the head rested long upon the perineum. The tear was an extensive but incomplete vaginal one, with very ragged edges and extremely unhealthy in appearance. It seemed unlikely that union could be obtained at all. A vaginal douche of lysol, followed by hot vulvular compresses and Arnica 3x given internally, produced in twenty-four hours a most gratifying change. The œdema had disappeared, the wound edges were more healthy and accurate approximation was readily secured after a careful trimming off of shreds of necrotic tissue. The

union was prompt and complete, and the result a normal appearing vagina and perineum.

These cases, merely illustrative, may indicate that more deliberation and greater care in the repair of lacerations would show a decrease in the number of troublesome rectoceles and cystoceles in old ladies. While it is possible that cases do well under immediate suture, I believe that most of the extensive lacerations, especially of the vagina, would do much better if given a chance to recover from the immediate effects of the labor.

DISCUSSION.

Dr. R. W. McClelland, Pittsburgh, Pa.: I would suggest, what perhaps may be a very common practice among the profession, in those cases where there is a great deal of laceration of the parts, the use of carbolized calendula compresses. I have had most excellent results from them. I use a preparation of one part calendula to three parts water, with carbolic acid sufficient to make a five per cent. solution. The relief is very great, and whether we resort to early or late repair, the results are good. Where there is much pain and swelling, hot compresses of witch hazel and water, equal parts, are very soothing and effective.

Dr. A. E. Smith, Freeport, Ill.: I wish to add a suggestion along this line. In cases of ruptured perineum, where there is much breaking down of tissue, I use a dusting powder of Pix Cresol, which has proven very efficient in keeping down superlative tendencies. It is an antiseptic preparation put up by the Kansas City Homœopathic Pharmacy Company. The parts are thoroughly flushed out, the stitches inserted and then the perineum is thoroughly dusted with the powder. By using this you can avoid a great deal of the tendency to the breaking down of the tissues.

Dr. Stubbs (closing the discussion): Mr. Chairman, I have nothing further to add, except that the idea of my paper was not the prevention of these tears. There are several methods which might be urged in that respect, that of Cæsarean section being a most excellent one. Lacerations do occur, however, and the idea was to treat them in such a manner as to give nature a better chance to produce a perfect result. I thank you.

BUREAU OF PEDOLOGY.

A PLEA FOR THE OLD-FASHIONED GENERAL PRACTITIONER.

BY JOSEPH C. GUERNSEY, A. M., M. D., PHILADELPHIA, PA.

Most of us remember that familiar family friend and warm-hearted worker who sought to substitute ease and peace for pain and suffering; that tender-hearted sympathizer in sorrow and genial participator in happiness; that skillful prescriber in pestilence; that capable and comforting hand in binding broken bones—that most loved and lovable being whom Ian Maclaren depicted in "A Doctor of the Old School" as one of the sweetest and most needed, most welcomed and most enviable of characters ever vouchsafed by a Gracious God to the human race.

With patience inexhaustible and love undying; with interest unflagging and devotion unswerving; ready in daylight or darkness, in sunshine or storm, rested or weary, awake or asleep—at the call for "Help" he responded as promptly and willingly to charity cases as to those who paid him. He heard the cry of suffering humanity and rushed to its relief without stopping to appraise its value in money or in fame.

We have all experienced the thrill of pride and pleasure on entering the house where a dearly loved one lay seriously sick, to hear whispered the welcome words, "The doctor has come!" No being in this world, since time began and space had birth, has been more loved and trusted, more respected and admired, more sought after and longed for than the Family Doctor, *i. e.,* the old-fashioned General Practitioner. He deserved all the honor, all the praise and all the worship he received, for there was nothing in the domain of the medicine of his day that was not his to dispense. To subdue sickness or staunch a bleeding wound; to bring a new life into the world or smooth the path of one departing, all help at such times was expected and received from the family doctor,—the general practitioner.

There are many, *very* many thousands of doctors who have devoted all their energies of head, heart and life to their work as general practitioners and the human race has been infinitely improved mentally, morally and physically by their faithful and able ministrations. Multitudes of these general practitioners have seen forty to fifty years of active service and their experience, individually and collectively, is of untold value. Every one of them has officiated at the birth of hundreds of children and has often delivered the children of the children he had assisted into the world many years before. For long periods of time these old family doctors have attended the same families, their children and grandchildren. The specialist comes comparatively seldom into the family and then only to a very limited degree. The general practitioner is with his families at all times and under all conditions; he learns their wants and how to supply them as he travels with them through life's journey. From this close and continuous association with succeeding generations he knows as intimately the individual history of parents and children as the stockbreeder knows the pedigree and individual charactristics of every colt and heifer that feeds in his fields. The human race would suffer a lamentable loss and irreparable injury if deprived of the experience of the general practitioner. There is no truer precept in the domain of knowledge than the two words *"Experimentia docet."* The school of experience is proberbially expensive and to the specialist untrained by the all-embracing education of the general practitioner it is doubly so. The experience of the general practitioner in medical lore is hard earned and dearly bought, but it is priceless in value. It is the general practitioner—the ideal physician—who recognizes "Disease as an enemy that

never retreats, that never surrenders, that gives no quarter; over which there is no victory—save absolute annihilation." He realizes that every patient is a special study; that every symptom must be ascertained, traced to its origin and weighed as to its meaning; that every prescription is a drill in analytical therapeutics. The general and particular knowledge of diseases with their ramifications throughout the human system and practical experience in their treatment can be obtained only by the physician who in general practice has earnestly and honorably combated and conquered morbific forces in all their forms and varieties.

By slow but steady decline, however, the general practitioner seems to be disappearing from his life's labor and love.* "A recent canvass of 13,800 physicians showed that nearly 5,000 of these devote themselves to distinct specialties. . . .

"Statistics show a positive and steady decrease of the proportion of general practitioners to specialists. In 1906, specialists were as 3.37 to each thousand of the population; in 1911, they had increased to 6.13 in each thousand of population. On the other hand, the non-specialists show a decrease during these years." Many of the above began as general practitioners, but later became specialists.

I plead for the return and retention of the general practitioner, because he fills a place that *no one* else can fill. He must not be allowed to go because he cannot be spared. He is needed today as much as he ever was—as much indeed as the watch needs its balance wheel and the mariner his steering rudder. In addition to his medical services, as a conserver of health and promoter of longevity, he is needed as a family friend—as a confidential adviser on the important matters of marriage and birth and all other subjects relating to family welfare. A most progressive prophylactic of the present day against diseased and feeble-minded children has been adopted by Dean Walter T. Sumner, of Chicago, by his announcement that no marriages will be performed at the Cathedral of SS. Peter and Paul without certificates of health, signed by reputable physicians, that applicants for marriage are normal physically and mentally and have neither an incurable nor communicable disease. In Dean Sumner's estimatron,† "this is the plain duty of the Church—not only to the present generation, *but to innocent children to come.* This step was taken . . . that there shall not be . . . blinded eyes of little babies twisted limbs of deformed children, physical rot and mental decay." The general practitioner is the only one capable of bestowing this certificate of merit and why in the interest of humanity should it not be required? Why should not the same care be taken in the production of children as is taken by stock breeders in the progeny of standard stallions and match-

*_The Sun_ (New York), March 2, 1912.
†_The Survey,_ May 18, 1912.

less mares? For money reasons only, because it does not pay in dollars and cents, stockmen do not breed to inferior material. Why should not infinitely more care be taken in the production of children whose healthy and happy existence on earth is of such untellable value?

We particularly need the general practitioner in the preparation for specialism in medicine because no physician can become a competent specialist, much less rise to the highest degree of specialism, unless he has been grounded *in* his specialty and trained *for* his specialty by at least five to ten years of full experience in the same general practice as that of the old-time family doctor. The specialist needs a broad and general knowledge of the whole domain of medicine; only so can he escape the terrible blunders resulting from narrowness of training or experience. Specialism based on efficiency is to be commended and nothing can be said against the specialist who has acquired the qualifications essential for the work he does. With recent years, however, there has been an enormous increase of *premature specialism.* Medical graduates fresh from college, after spending a few months in various clinics abroad or having taken one or two courses of a few weeks in a post graduate school, set themselves up in practice as competent surgeons and specialists. The result is what inefficiency always produces. * "Every capable surgeon well knows the harm done by premature surgeons—men who have no more moral right to practice major surgery than a carpenter. The day is coming, and God speed it, when no one will be allowed to perform a major operation until he has qualified as a surgeon; . . . . sooner or later the state must step in and insist that the surgeon shows that he is amply qualified before it . . . . gives him *entré* to the human abdomen. Likewise the specialist will be required to measure up to special standards, *not only of knowledge, but of efficiency."* A supreme test of a surgeon's efficiency would be the reporting of his mortality in proportion to his operations and for the specialist to report his proportion of failures. This conclusive test—unpopular though it might be to many surgeons and specialists, would surely be of vast benefit to the public.

Complete qualification for specialism comes and can come only by a rigorous training as a general practitioner. We do not, today, need any higher entrance requirements to a medical college than now exist. What we do need, what we should demand and insist upon is an additional year to the medical curriculum to be spent in practical work in hospital service or with a physician in the general practice of medicine.

As stated above, the general practitioner seems to be passing away and his demise is being accomplished by the fact that, from

*Editorial in *American Medicine,* December, 1911.

an active practitioner, he is rapidly becoming a mere distributor of cases to the specialist.

Why is he a distributor? In response, it must be frankly acknowledged that while "Specialties" in medicine are at the present day being rapidly developed, the work of the general practitioner, in the words of a recent writer, "is so far in the rear as to create some doubt whether he belongs to the procession or only happens to be traveling that way." It is true the general practitioner of yesterday does not fill the requirements of today and much less can he do so for tomorrow. If he would regain and retain his usefulness and power in medicine and share in the conquests of the specialist, he must place himself *en rapport* with the progressive and scientific medicine of today. He must know things and do things which a few years ago were largely unknown and undone. Especially must he bring himself up to the modern methods of diagnosis. If he does not analyze urine chemically and examine it microscopically, he should know what abnormal conditions are indicated when an examination is made for him. He need not take an x-ray or make a blood count, but an x-ray being shown him he should comprehend the lesion it demonstrates and a blood count being estimated he should understand its significance and appreciate its value. If he cannot use the cystoscope nor analyze the stomach content nor feces, such work being reported to him, he must be qualified to recognize and utilize the pathological information exhibited by the findings. He also requires a working familiarity with minor and emergency surgery. He may not remove an appendix, but he should be able to diagnose appendicitis by its clinical history even if McBurney's point be but slightly responsive. He is not expected to operate a mastoid abscess, but he ought to declare such a condition from the symptoms. He must also examine and ascertain correctly the condition of the ear drum and remove impacted wax with the syringe or forceps. He is not obliged to prescribe eye-glasses for defective vision, but he needs enough practical knowledge of the ophthalmoscope for diagnostic purposes and enough of optometry to use the ordinary test card, etc. Though many physicians may not know it, questions upon the eye and ear, involving knowledge hitherto supposed to be in possession of the specialist only, are now included in the questions of State Medical Examining Boards. These are only a few of the modern methods of dealing with medical problems; many more are distinctively obvious. Those lacking in these essentials must make good their deficiencies before admittance to the ranks of the medical men of today.

There is a universal complaint among general practitioners, of all schools of medicine, that their work has very largely fallen off. There are two reasons why this lament is true. One is the common excuse that the profession is overcrowded—that there are too many doctors ready to respond to "calls;" the other and

the chief reason is, the general practitioner is not so well qualified today as formerly to meet the exigencies of his profession. Years ago doctors graduated as "physicians, obstetricians and surgeons," scattered through the country and, measuring up to the requirements of their day, *they made good!* They healed the sick, delivered women, reduced dislocations, set fractures, staunched bleeding wounds and sent for an "expert" only when it was really necessary. Nowadays they depend upon specialists to do such work for them. No wonder the practice of the general practitioner has decreased—on his part it is almost a case of "Mene, Mene, Tekel Upharsin." The general practitioner should return to his birthright and do this work himself as did his predecessors and then shall be heard the gladsome strains of "The King has come into his own again!"

Is this demand, that the general practitioner be versed in the learning of the present day, excessive? I do not think so. It would have been excessive thirty or even twenty years ago when all applicants were freely admitted to medical colleges irrespective of mental calibre or preliminary education. Today things are different. Today men of limited mentality and deficient preliminary education are debarred from medical colleges. Today matriculants are so well trained mentally that the medical qualifications demanded of them are perfectly reasonable because wholly within their grasp and power. By weeding out inferior material, viz., the rejection of men of too limited mental powers and those deficient in preliminary education, we now have men of strong minds amply trained by "q. s." education, in the high school and college. As a matter of fact, it is far easier for the trained college or high school graduate to learn thoroughly the increased medical requirements of today than it was twenty years ago for the untrained and uneducated mind to acquire, even crudely, the limited medical requirements of that day. Everything today makes for the betterment of the general practitioner because of the vastly improved educational facilities in medical colleges. There are better professors and better teachers; there is more abundant clinical supply—surgical and obstetrical for practical purposes and medical material for diagnosis and treatment; individual teaching and drilling in the use of the ophthalmoscope, stethoscope, cystoscope and microscope, the pelvimeter, the sphygmograph—in short, all branches and departments of medical education are now most comprehensive in scope and instructive in character. The general practitioner of today has "double lined and copper riveted" advantages over the family doctor not only of ye olden, but of comparatively recent, days. Old-time doctors had no swiftly flying automobiles to waft them from distance to distance. Their patient plugs jogged soberly along level roads and crept slowly up hills—the very hills which are today climbed at a faster gait than is attained on level ground. In former days a patient ten, or even five, miles away was a matter of deep con-

sideration to the tired or to the overworked doctor whose "calls" lay in every direction; today the automobile annihilates time, space and high hills. They had no office telephone with which, luxuriously lounging in an easy chair, to call the trained nurse and ask, "How is the patient? What are pulse, temperature and respiration?" On the contrary, it was their duty to go early in the morning and late at night, in the heat or cold, sunshine or storm and ascertain in person the condition of a dangerously sick patient. A recent writer compares the telephone to a long stethoscope with which the physician keeps in touch with the needs of his patient; he also says it has become as necessary a part of the doctor's equipment as any other medical or surgical tool. Aided by his trained nurse, his automobile, his telephone, his typewriter and numerous other time-saving and labor-saving conveniences of today he has far more time to study and keep up with the progress of medicine than they had. Added to all this are the post-graduate courses, offered by the best medical colleges in the country, standing wide open, to which any and every practitioner can repair at but small expense and little loss of time. At these courses he can "brush up" his rusty remembrance of early learning and have *practical* teaching in all that is newest and best in medicine. There is no doubt at all that these marvelous adjuncts were added to medicine for the purpose of increasing medical knowledge and medical efficiency. I repeat, it is *not* too much to ask the general practitioner to march in the front ranks of his profession instead of loitering in the rear, knowing no more of medicine than did those of former years with their limited advantages and hampered opportunities. Some recent writers assume that owing to the rapid spread of preventive medicine the general practitioner will ultimately be relegated to a very secondary place—if not wholly dispensed with—because sickness being "prevented" there will be none to "cure."

Whether medical conditions will ever so exist as to abolish the "curing" doctor is a contingency too remote for any present profitable discussion. It surely *is* a safe proposition for the general practitioner of today to prepare himself for the amount of remunerative work that will come to him if he be competent to perform it.

Another potent reason why the general practitioner of today must be better educated in the science of medicine is, *the public demands it*—not only "demands" but positively WILL HAVE IT. Daily newspapers, monthly magazines and popular lectures have in late years disseminated a vast amount of medical knowledge among the laity. This has been so largely absorbed by the public that the public is now sufficiently educated in medical matters to realize and appreciate the degree of knowledge and efficiency a general practitioner has attained. The physician cannot today stand aloof and disdainly decline to discuss a medical situation with a layman because the latter knows entirely too much to be

arbitrarily set aside or contemptuously ignored. Today it requires a well posted medical man to acceptably argue medical topics with the lay readers of medical literature and it is a fact that large numbers of intelligent people read medicine from pure love of the subject. Thank God, the public is being educated in medical matters! The public needs education in medical matters fully as much as does the medical profession. If the public had been sufficiently educated in medical matters years ago, the Greeks would have had no oracle at Delphi nor would we endure Osteopaths, Vitapaths, Eddyists, and other fads and fancies which have brought the Divine Science of healing into contempt and have cost much needless suffering among the sick, followed often by death, depriving families of comfort and support. Almost all such suffering comes from ignorance. Educate the public in medical matters and quackery and medical intolerance will be annihilated forever. Every successful movement for human welfare in promoting health and longevity has been animated, advocated and ultimated by the medical profession and often in the face of bitter opposition from people who were to be benefited. Educate the people and they will act in harmony with us instead of in opposition.

Dr. Abraham Jacobi, in a recent *address delivered in Boston, spoke these words: "What I want you to learn is to revere and adore the general practitioner. There are a few left of the species called family physician. Mind what I say: In twenty-five years he will recover the place of honor which was his fifty years ago. . . . He will again be the general adviser, having learned from the laboratory men and the specialists who are the modern handmaids of practical medicine; knowing the history of his trusting friends and taking an interest in their wholeness and wholesomeness,—the chum of the old people, the intimate of confiding girlhood and the uncle and oracle of the kids."

Dr. Jacobi says the old-time Family Physician will "come back!" Doubtless he will "come back," but it will be only when he has mastered modern medicine. He who does this will strengthen his standing in the profession; will add to the respect in which he is held by the public and, what is most important, will retain in the service of suffering humanity that indispensable adjunct to medicine, THE GENERAL PRACTITIONER.

DISCUSSION.

DR. C. E. WALTON, Cincinnati, O.: Dr. Guernsey some time to-day asked me if I would not say something after he read his paper. He was so afraid that it would be treated to that general quietness, that embarrassing quietness that so frequently follows the reading of a bright and admirable paper, that he wanted to preclude any such embarrassing situation, and so he asked me to say something, he did not care what. I do not think that he selected me as a "horrible example" of an old fashioned family

*"Significance of the General Practitioner," *Boston Med. and Surg. Journal*, March 21, 1912.

physician. I object to that term. There is no place on the earth for an old fashioned doctor of any sort, but "An Old Time Family Doctor" is really the subject of his paper. Now I was an old time family doctor for fifteen or twenty years, but I took up a specialty, which I have been practicing for twenty years. During that time I had a number of queer experiences, which I just jotted down to sort of stir up your livers, as you have all had hearty meals.

Now the family physician does everything. He treats the eyes, the nose, the liver, he sets bones, he does obstetrical work, and it was while doing obstetrical work that the following happened. The mercury was down to about ten degrees below zero. After the baby came the mother said, "Steve, give the doctor a drink." Now if a doctor ever does want a drink, it is about 1 o'clock in the morning, with the mercury way down, and he has to go about three or four miles to reach home. Steve poured it out and I looked at it. I did not drink that whiskey—I just simply sipped it. Steve apologized by saying: "That ain't the very best whiskey." I said, "Steve, as a matter of curiosity, how much did you pay for that?" "Well," he says, "I paid thirty-five cents a quart for that." That was the first time in my life I ever touched rot-gut whiskey, and I understood then how a man could, after drinking that, want to kill his mother-in-law.

I had a very curious experience one time. A man came in with the hiccoughs. This shows to what extremities we are driven sometimes as general practitioners. He had had the hiccoughs for six or eight weeks and none of the doctors could stop them. I went to the telephone and called up the drug store, and asked if they had any Scotch snuff. The druggist said "yes." I said, "Well, I am sending a man up. Give him ten cents worth of snuff and charge it to me." Then I said to the man, "Go up and get that snuff. I'll be hanged if you can sneeze and hiccough at the same time." He took the snuff and that was the end of the hiccoughs.

I had a very curious fellow come in to see me one day. It shows how a man's mind will run to Materia Medica under adverse circumstances. He said: "Uh-uh-h-h-h-h-h," and I did not understand. I said, "Did you get an injury?" He said, "Uh-h-h-h-h-h." I began thinking "arnica will do that fellow good." I then noticed that his jaw was out of place. I put it in place, it gave a snap, and I saved my arnica.

I will tell you how to treat hysteria—one of these cases that waits until the last thing at night, and then calls you at two or three o'clock in the morning. Well, I went loaded for this particular patient. I took an ounce of the tincture of asafœtida with me. After getting her symptoms I put two teaspoonfuls of that in a half glass of water, and directed the daughter to give her two teaspoonfuls every half hour. I heard nothing more of that patient for a long while. One day the little girl came over to the office, and I said to her, "How's you're mother?" "Oh," she said, "she never took another dose of that medicine after you left. She threw it out of the window as soon as you left."

But the general practitioner gets what the specialist fails to get, and that is the Christmas gift. The specialist is not remembered by his grateful patients as is the general practitioner. I had, as an expression of gratitude once, a pair of hand-knit socks. They were evidently built for a man with a twelve-inch foot. You never saw such a pair, but I had to receive them with every expression of gratitude. A colored woman came into my office one Christmas. I had operated on her daughter. There was a smile on her face, which was most gratifying. She had a great package done up in paper. She unwrapped it, and there was an immense tin-hammered salver, with a glass pitcher and two glass tumblers. I think the whole thing must have cost 21½ cents, but I was so grateful to her for her expression of gratitude that I took it—and gave it away at the first opportunity.

Blessings on the "Old Family Physician!" May there always be plenty of him!

Dr. Nesbit: Five years ago I was invited to read a paper before our State Society at Scranton. Someone asked me what my subject was, and I said "The Family Physician." With a smile, he said, "Isn't that rather ancient history?" I said, "No, I think not. I think probably it is modern history." I remember the enthusiasm with which I entered into the preparation of that paper, which was much along the lines of Dr. Guernsey's. I remember also the cold reception received. I came to the conclusion that my subject was not ancient, it was not even modern history—it was probably future history.

Medicine has gone through certain epochs or phases in its evolution. The first was the curative phase; the second, which we have entered, is the preventive; but there is another phase, as suggested by this paper, and by the paper of the chairman this morning, and that is, the *constructive* phase, the phase when the influences of sociology will be brought to bear certainly and effectively upon the medical profession, compelling us to have the family physician as an intermediary between the specialist on the one hand, and the state official on the other. I take it, that in this educational propaganda, this educational phase of medicine, no one is so advantageously circumstanced to make practical application upon the community as a whole as The Family Physician. The special preparation for The Family Physician is a matter which, I think, should receive more consideration in our colleges than it has up to the present time.

Dr. Edward Cranch, Erie, Pa.: I do not want to make a speech, but I want to thank Dr. Guernsey for his paper. I do not think it is ancient history, but present history. The day of the family physician is not passing, and it is not true that our practice is falling off. The most of us have still all we can attend to. One of the most earnest truths has been brought out, that in order to be a successful specialist you must have had previous training as a general practitioner, and in no branch more than in the care of the children is the necessity of general practice more important. The general practitioner takes care of the whole family, and it is he who can best administer the proper prophylaxis for the preservation of the child's health, comfort, and happiness. Now one reason why it seems as though the usefulness of the family physician were passing away is the slight change that is coming over the ethical principles of the profession. It used to be that when the doctor was called to a case he knew nothing of, he would ask: "Who is your family physician?" Now the question is asked: "Have you had any other physician in this case of sickness?" If you haven't, no question is asked about anybody else. Out of that has come the frequent practice of some families of going from one doctor to another. The fact that the family physician still counts among his patients those he had forty or fifty years ago, and that he retains their confidence, and takes care of them in their ailments, calling in a specialist when necessary, is ample excuse and reason for continuing the existence of the family physician, and you will find that he will always be present with us, and always be of use in the community.

But the family physician must not be old fashioned. He must be constructive. He must pay attention to all the modern methods. The modern college will prepare him for specialties whether he uses them or not. They are all of immense importance in the practice of medicine. He must be constantly on the alert. He must make a most careful examination in order to find out what the trouble is, or the patient will go to some specialist on his own motion, which will be bad for the doctor. I would make a plea to the effect that the family physician must not be old fashioned in his attainments.

Dr. A. P. Bowie, Uniontown, Pa.: Dr. Guernsey gave us a very pleasing picture of the family doctor, and then he wound up by telling us that in order to come under that category we must keep up with the procession, or with the profession, and I think that that advice is well timed. I claim to be one of the old fashioned practitioners, or, rather, a family practitioner, but all during my medical career I have endeavored to keep up with the

procession, or with the profession as it has progressed. I had a fine old grandfather, who gave me good advice. He was a carpenter, or, rather, a contractor. He said: "I never would employ a man who is a botch," and he said: "Do not be a botch." I have tried to take his advice.

One of the most pleasing things about the family doctor's life is the children. I recall a portico on the main street of our town, where I pass every day, and nearly always on that portica, there is a group of five or six little children of different ages, and they throw their hands up and say, "There goes our doctor." If I should happen to go by that house without waving my hand or speaking, I would think that I had done something wrong. Now that is one of the compensations of the family doctor, to be called "our doctor." I do not think there is any fee that makes me feel better than to have some little child say, "There goes our doctor."

Dr. William W. van Baun, Philadelphia, Pa.: Dr. Guernsey has made a strong plea for the old fashioned general practitioner. His plea in the main I endorse. In many communities nothing more is to be desired than the well-educated, highly efficient general practitioner. The question of specialism is a very live one. The specialist is here, and is here to stay. The men or women who specialize from student days without an experience as a general practitioner lose a great deal. They can never be as well rounded in their work and in their specialty, they are necessarily hampered and restricted in comparison with one equally capable, but trained in the broader school of the general practitioner. If there was a legal requirement that a physician must give five years to general practice before limiting himself to a specialty, our specialists would be of a higher and more uniform grade.

The education of the general practitioner has become a very serious and complex question. One that calls for an answer to "How are you going to supply America's call for physicians in the near future?" The call from Philadelphia or Pittsburgh demands a much different type of physician than the no less urgent call from the far distant mining camp, or remote farming or lumber community. We surely cannot expect the highly cultivated men or women, who have given years to their preliminary education and four years to their medical course and often a year or two to hospital work, to respond to these calls of isolation and sacrifice. Then who is to go when the old medical rank and file drop out? Who is to take care of the people of these poor or inattractive communities? The colleges are making no provision to meet this demand. The standard of entrance examination and medical education climbs higher and higher, and our classes grow smaller and our colleges fewer, but the population keeps increasing as usual. There may be to-day too many physicians in proportion to the population in our urban centers, but in every state of the Union there are many undesirable locations that are not properly supplied now. What of the future when the crisis grows acute? The highly trained product of our medical colleges will not go. What are we going to do? The colleges and the State Boards are to be commended for what they have done. There was an urgent demand for a high standard. But in the struggle for quality they have cut off the supply, and the supply is not equal to the demand now, nor would these graduates accept the call had we the number.

We need to-day a group of men and women less highly trained, with good, common sense and a natural aptitude to practice medicine, willing to do this missionary medical work. How are we to get them?

ANOTHER WORD ON HOMŒOPATHY.

BY JAMES KRAUSS, M. D., BOSTON, MASSACHUSETTS.

The well-known editor of the homœopathic Journal on Ophthalmology, Otology and Laryngology, Doctor John L. Moffat, who is preparing for The American Encyclopedia of Ophthalmology, to be edited by Doctor Casey A. Wood, of Chicago, the section on The Theory and Practice of Homœopathy in Ophthalmology, has honored me with several communications for a basis of further remarks on *The Question of Homœopathy.*

The points raised by Doctor Moffat are these:

1. The *law of similars* should be derived from the Latin word *similia* rather than the German *Aehulichkeitsgesetz;* and this latter has dictionary warrant for being translated into *law of analogy.*

2. The omission of *similia similibus curentur* in my argument, and my use of *allœopathy* instead of *allopathy.*

3. The derivation of *homœopathy* from the adjective *homoiopathes,* for which there is no warrant in Wesselhoeft's, 1876, 5th American from the 5th German edition.

4. *Similia* is a *method* of therapeutic practice, and though not the only method and though not a science in any sense, still it is a *law* because it formulates one of nature's processes.

5. *Homœopathy* is the *science of therapeutics.* "As I said," writes Doctor Moffat, verbatim, "in my presidential address to the N. Y. State H. Med. Society, 1893: What is homœopathy? In two words it is the reason why—or the principle upon which—a physician, surgeon or specialist prescribes a certain remedy after he has decided that the case is one calling for medicinal therapeutics. It is not all there is to the practice of medicine, it is not the whole of therapeutics, but it is as yet the only science of therapeutics. Science, according to the Standard Dictionary, is the formulation into law of correlations of observed facts."

Most of the confusion on the subject of homœopathy results from an arbitrary mixture of terms and facts, a substitution of subjective notions and feelings for objective facts and historic statements. Terms and facts must be kept within their true relations, if we wish to have the necessary clearness.

The *law of similars* has nothing to do with homœopathy, whether we trace it to the Latin word *similia* or the German *Aehulichkeitsgesetz* or think of the *mental law of association* or çall it the *law of analogy.* Hahnemann defined Homœopathy as the method of symptomsimilarity (paragraph 50, Organon, 5th German edition), as the curative method of constitutional therapeutics (paragraph 70). Any other definition by any other man or set of men cannot and will not alter the mental property of Hahnemann. The only argument that could prevail would be the proof that Hahnemann did not define Homœopathy, in his plain German, by *Heile durch Symptomenaehulichkeit.*

With such a plain, unfailing definition, why should anybody continue to talk of *similia similibus curentur* or the absolutely impossible *curantur?* We ought to be past the time when Hughes and Burnett and our lesser American lights felt called upon to hash and rehash arguments on the meaning of *curentur* and *curantur*, that any schoolboy should know. Hahnemann used *similia similibus curentur* only once: in his Introduction to the 5th edition of his Organon of 1833, as an offset to the older Latin *contraria contrariis curentur*. He never used *similia similibus curantur;* hence this wording, even if philologically and logically permissible, is entirely out of court. *Similia similibus curentur* is not as good, as clear, as distinct, as adequate a translation of Homœopathy as is *Heile durch Symptomenaehulichkeit. Similia similibus curentur* means *let similar things be treated by similar things*, which is, to say the least, indefinite. It may mean anything. It is more than indefinite. It is incongruous. It opens the path to things with which Homœopathy has nothing to do. It smacks of the Paracelsian fustian of signatures and makes an unsatisfactory, because indefinite, rule. Hahnemann felt it. He makes it plain (paragraph 26, 50) that it is effects, and effects only of a certain kind, symptoms, that have to be compared; not, for instance, shapes, as was taught by Paracelsus. Shapes fall just as legitimately into the logic of similia similibus curentur. There are other similarities that require no magician to conjure them up and fit them into this rule. Hahnemann was definite. For him, the similarity was in the symptoms of drugs as they appear in the healthy and in the symptoms of diseases as they appear in the sick. Hahnemann, in his *Heile durch Symptomenaehulichkeit*, has for all time given a rule—symptomsimilarity—which is definite, clear, distinct, scientific. No one need have any doubt as to what the rule is. He who prefers to practice otherwise may call his practice homœopathy, but he calls it so without realizing that he persists in groping about, not because he must for want of the pointing finger of Hahnemann, but because he prefers obscurity to clearness.

Hahnemann's theme and our theme is not *similia similibus curentur*, but Homœopathy. Hahnemann uses the term homœopathy constantly. He defines it repeatedly. He directs how to practice it logically. To look to the Wesselhoeft Organon as to an authority on Greek philosophy is a sheer mistake. The Wesselhoeft edition is not even a correct English translation, nor a correct English paraphrasing of Hahnemann's clear, forceful, elegant German Organon. It is a Wesselhoeft Organon, not a Hahnemann Organon. But Hahnemann himself, though a Greek scholar, did not put forth his Organon as an authoritative work on Greek philosophy. He took the term *homœopathy*, ready made, from the lexicographic laboratory of the Greeks, who had used the word for over 2,000 years before him, and applied it, in 1806, for the first time in the history of the world, to denominate

a method of therapeutics, the method which he himself had been in process of making.

Why did he use the term *homœopathy* and not another term? Evidently because the term *homœopathy* carried with it the meaning, the explanation of his method. Why did he use the term *allœopath?* This term had never been used before. Why did he prefer *allœopathy* to *heteropathy*, which had been in use since and probably before the time of Dioscorides? Why did Hahnemann use the term *enantiopathy?* We must look to the Greeks and the Greek language for the explanation.

Hahnemann had found that natural cures of curable diseases were obtained and, therefore, medical cures of medically curable diseases were to be obtained through *symptomsimilarity*. We are to bring symptoms—disease effects and drug effects—into similitude, into correspondence, if we wish to effect a cure where cure is possible. To bring two things into correspondence, they must be similar in nature, otherwise they could never be made to correspond. Plato, the correctness of whose imperial Greek no one can question, used the *adjective* homoiopathes, ὁμοιοπάθης, in a general sense, as meaning *of a like nature*, and in a particular sense, as meaning *having like affections, sympathy*. Aristotle used the *noun* homoiopatheia, ὁμοιοπάθεια, in the sense of meaning *liability to like affections, sympathy;* and the squint-eyed, though observant Strabo used it in the sense of meaning *likeness in condition, homogeneity, correspondence*. It is in this sense of Strabo's and the general sense of Plato's adjective, in the sense of a state of correspondence, of a resemblance of conditions, of a placing together or bringing together of conditions that are alike, it is in this sense that Hahnemann made use of the term *homœopathy*.

Hahnemann himself did not use the *adjective* homoiopathes. I did not say in my paper on *The Question of Homœopathy*, to which reference is made by Doctor Moffat, that Hahnemann had derived *homœopathy* from the adjective *homoiopathes*. What I did say was that the *noun* homœopathy was originally derived from the *adjective* homoiopathes. With more than a man's share of work heaped up before me, I cannot enter at present into the furthermost intricacies of Greek philology. In the eighth edition of Liddell and Scott which I am consulting, there is no statement that *homoiopatheia* was derived from *homoiopathes*, but I am positive that both historically and philologically, this was the case, for *homoiopathes*, ὁμοιοπαθῆς, is a dicatalectic adjective and the feminine *homoiopatheia*, ὁμοιπάθεια, was formed later to distinguish feminine from masculine. The Century Dictionary derives *homoiopatheia* from the adjective *homoiopathes*.

If we consider science and its methods correctly, as we must if we wish to be scientific, and as separate matters, we must come to the following conclusions:

1. That the indefinite term *similia* does not express the ho-

mœopathic method of therapeutic practice: The homœopathic method is symptomsimilarity.

2. That the statement, "*similia is a law because it formulates one of nature's processes,*" applies to the law of similars, a part of the law of association, not to homœopathy: Homœopathy cannot be said anywhere to formulate one of nature's processes. All that Hahnemann ever formulated was the method of symptomsimilarity. I admit that his formula has been reformulated many times, by foes and by disciples, but I am not aware that the reformulation was anything but an adulteration and the adulteration has not changed the truth or enhanced the value and the prestige of homœopathy.

3. That the statement, "*Homœopathy is the science of therapeutics, as yet the only science of therapeutics,*" is not borne out by the facts: Therapeutics, as its name implies, is service, help, healing, a science of medicine and surgical service, and depends for its exhibition upon its means, on the one hand, and upon its methods, on the other hand. Homœopathy is no more to-day nor will be at any future time more than what Hahnemann claimed for it: a method of therapeutics (paragraph 50), the curative method of constitutional therapeutics (paragraph 70). A scientific method can never be equivalent to a complete science.

4. That *allœopathy* is the correct term to use, not *allopathy*. Contrary to what has been written by many followers and foes of Hahnemann, Hahnemann did not coin the word *allopathy*, which he used in the prime of his career. The term *allopathy*, ἀλλοπάθεια, had been in use for centuries before him. Diodorus used *allopathy* in the sense of the state of having influence on another, the noun-meaning of the adjective *allopathes*, ἀλλοπαθής. Allopathy can mean only the other or another pathy. When Hahnemann first used it, it may have expressed the incensed feeling of his young mind meeting with the insurmountable obstacles of those that would not be convinced by the most apparent truth. But Hahnemann soon found that he was here to battle for ideas and not to call names. He found that the term he wanted was not *allopathy*, but *all allœopathy*, which he derived, as an alternative to his derivation of homœopathy, from alloion, ἀλλοῖον different, and pathos, πάθος suffering or affection, and which signified to him the idea of symptomdissimilarity. That Hahnemann preferred allœopathy to allopathy and heteropathy is proved by two facts: First, that to express his idea he went to the trouble of coining a word that had never been used before, the term *allœopathy*, not allopathy; secondly, that to familiarize the world with his new term, he used with his term *allœopathy*, as an alternating synonym, the centuries-old term *heteropathy* (paragraph 55, Organon) when he ought to have known and undoubtedly did know that heteropathy was not allœopathy. Heteropathy is much nearer allopathy, the latter meaning another of any number of pathies there might be,

the former meaning the other of two pathies. Dioscorides used the term heteropathy in connection with counter irritation. This may have encouraged Hahnemann to use heteropathy as a synonym for allœopathy in the few places that he did use it, for counter-irritation is based on symptomdissimilarity, the method of allœopathy. If Hahnemann had preferred heteropathy, he not only would not have desisted from using it in most of the numerous instances where he did use the term allœopathy, but he would not have considered a third method of medicinal therapeutics, *enantiopathy* (paragraph 56), the method of symptom-contrariety, as the exact opposite of homœopathy.

In the face of these facts, to continue Englishing *"Allœopathie,"* the term consistently used by Hahnemann in his fifth German edition of the Organon, by the term *allopathy,* is to mislead into error those who cannot go to the sources of homœopathy; is to assume that Hahnemann, one of the greatest scholars of his time, did not know what he was about; is to offend the largest number of medical men whom it is our duty to convince of the truths of homœopathy by calling them "the other fellow," for this is all that an "allopath" means; is to offend our own mentality, for it is for us, first, to see that we do know what Hahnemann really meant, what homœopathy really is, and, then, to carry the truths of homœopathy to general recognition.

1844—1913

AMERICAN INSTITUTE

OF

HOMOEOPATHY

PROGRAM

FOR THE

SIXTY-NINTH ANNUAL MEETING

TO BE HELD IN

NEW ALBANY HOTEL, DENVER, COLORADO

JULY 6TH TO 12TH

1913

"WHEN ONE HAS TO DO WITH AN ART THE END OF WHICH IS THE SAVING OF HUMAN LIFE, ANY NEGLECT TO MAKE ONESELF THOROUGHLY MASTER OF IT IS A CRIME"
—Hahnemann

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"A HOMŒOPATHIC PHYSICIAN IS ONE WHO ADDS TO HIS KNOWLEDGE OF MEDICINE A SPECIAL KNOWLEDGE OF HOMŒOPATHIC THERAPEUTICS AND OBSERVES THE LAW OF SIMILIA. ALL THAT PERTAINS TO THE GREAT FIELD OF MEDICAL LEARNING IS HIS, BY TRADITION, BY INHERITANCE, BY RIGHT."

ANNOUNCEMENT

OF THE SIXTY-NINTH ANNUAL MEETING OF THE AMERICAN INSTITUTE OF HOMŒOPATHY TO BE HELD IN THE NEW ALBANY HOTEL, DENVER, COLORADO, JULY 6TH TO 12TH, 1913.

Readers of the JOURNAL during the past few months have had brought to their attention in a number of ways the coming meeting at Denver. Through these communications it has been shown that there is every reason why each member of the Institute should make up his mind to attend the meeting and absolutely no reason why he should stay away. As a direct result of this publicity, it is being said in Denver, "Already Homœopathy is feeling the impress, and with the coming of the Institute it is believed the entire Rocky Mountain district will take on a new baptism, and that the profession will be aroused to a renewed sense of its opportunity and its responsibility." If this meeting can accomplish nothing more than to revive in Colorado the dormant enthusiasm for the homœoathic school it will have accomplished a great mission. The wealth of attractions from the standpoint of entertainment is such that an orderly recital is impossible.

The well known reputation of Denver as a host of conventions need not be enlarged upon, sufficient to say that some twenty national conventions are scheduled to meet here during the year. Those coming to Denver should try to arrange their time so that attendance at the meeting of the Institute should be but the first part of a much more extended vacation.

Remember that Colorado has within her borders mountain scenery which is unsurpassed by the Swiss or Tyrolean Alps, and with such diversity of scenic places, all within one or two days of Denver, with Denver as the radial point, that several weeks can be profitably spent in sight seeing, in exploring the wonders of the canons and in studying the beautiful and amazing rock formation. These trips and scenic attractions will be fully elaborated upon by those in charge of publicity and transportation.

As to the meeting itself, advance indications are that you are all coming to attend this year. Those of you who have been to Denver before can do no better than to come again, and those who have never visited "Denver, the Front Door of the West," will be astounded at seeing such a metropolitan city lying at the foothills of the Rockies. Denver has a population of two hundred and twenty-five thousand people, and has, we believe, as fine buildings, beautiful parks, up-to-date street railways and diversified manufactories, as imposing buildings and improvements, and as progressive and hospitable people as are to be found in any city of its size.

Especial attention is directed to the following points of interest. The State Capitol, a massive architectural study in granite, with its attractive grounds overlooking the proposed five million dollar Civic Center, which is now being laid out. The basement of the Capitol contains a museum of mineral exhibits, Indian relics, and many other features indicative of the West.

The parks of Denver—City Park, Washington Park, Berkeley Park and Inspiration Point, Cheesman Park, with its beautiful Italian marble pavilion, and the smaller parks all are worth visiting.

City Park Museum is the repository of much of interest, and particular attention is called to the Campion gift of natural specimens of gold in the form of wire gold, and many other and curious formations of gold worth many thousands of dollars, it is one of the most interesting exhibits to be seen in the West.

An hour spent in a visit to the new mint, which now contains almost a half billion dollars worth of coin and bullion, the largest amount of precious metals under one roof in the world, will well repay the time. Arrangements will be made to give the visitors the benefit of seeing the inside working of this institution.

To those who have spent their money buying mining stocks, the Globe Smelter, on the northern edge of the city, will be of interest. There an idea of ore extraction can be gained.

Phipps' Sanitorium for tubercular patients, the memorial built by Lawrence Phipps for the care of these people, and the National Jewish Hospital for consumptives should be visited by the members.

There are many other points of interest in the city which will appeal to the individual.

The Local Committee of Arrangements are busy with plans for the entertainment of the members, and have so far the following outline: Monday evening the opening exercises in the Cathedral Room of the Albany, the reception and ball. Sight seeing trips to the various points of interest on Tuesday under the guidance of the local members. On Wednesday afternoon the Institute and visitors will be the guests of the Local Committee on a trolley ride to Golden, fourteen miles west of the city, into the foothills, and from there up the funicular road to the top of Mount Lookout, from which point the Continental Divide affords an imposing background, while in front, the panorama of mountains and plains stretch before you and to the right and left as far as the eye can reach.

In the evening an original sketch will be put on at the hotel, given by the management, the like of which has ne'er been seen or heard tell of.

Thursday a trip to the various sanitoria of the city will be unofficially arranged for. Friday an automobile ride will be tendered to the visitors, with an evening's amusement at the White City.

The management of the Lakeside Country Club has kindly extended the privilege of its golf course to those who wish to indulge in this recreation. Those who can should bring their own clubs.

The University and Athletic Clubs will offer their hospitality to our visitors.

Arrangements are now under way to take a trip over the Denver and Salt Lake ("the Moffat road") Railroad to Steamboat Springs by special train, leaving Denver Saturday morning and reaching Steamboat in the evening, remaining there until noon of the next day, or if the party wishes, the following day, then returning to Denver. There is no trip to be had in Colorado of more scenic beauty than this. A fare of between eight and ten dollars can be secured if a sufficient number wish to avail themselves of this trip. Among other things the people of Steamboat have in store for *us tenderfeet* is a barbecue, steer-roping and broncho-busting contest and bathing in the springs, of which there are said to be one hundred and fifty varieties.

HOTELS.

First-class service can be had at the following hotels:

Albany, Seventeenth and Stout Streets;
European, $2.00 to $3.00 per day.

Adams, Eighteenth and Welton Streets;
European, $1.00 to $4.00 per day.

Auditorium, Fourteenth and Stout Streets;
European, $1.00 to $2.00 per day.

Hotel West, 1337 California Street;
European, $1.00 per day and up.

Kaiserhof, Seventeenth and Welton Streets;
European, $1.00 to $4.00 per day.

Metropole, Sixteenth Avenue and Broadway; European,	$1.00 per day and up.
American,	$2.50 per day and up.
Savoy, Seventeenth and Broadway; European,	$1.50 per day and up.
Shirley, Seventeenth and Lincoln; European,	$1.50 to $2.50 per day and up.
Standish, 1524 California; European,	$1.00 per day and up.
West Court, 1415 Glenarm Place; European,	$1.50 to $2.00 per day.
Brown Palace, Seventeenth and Tremont; European,	$1.50 to $2.50 per day and up.

DENVER'S ANTICIPATIONS.

Denver is in serene expectancy. It was the pleasure of the writer to be present at a meeting at the Albany Hotel held in commemoration of the birthday anniversay of Samuel Hahnemann, attended by twenty-five enthusiasts for the Institute, Colorado Springs, Windsor, Brighton, Golden and Sterling being represented, as well as Denver. And it was good to be there. Genuine enthusiasm characterized every phase of the meeting. Whereas a few months ago there existed a certain degree of uncertainty and lukewarmness engendered thereby, now all is hope, buoyance and confidence. Already near fifty reservations have been made, thus unusually early, at the Albany for rooms and special parlors, already more than half the exhibitors' space has been contracted for, and already every railway leading out into the glorious fastnesses of the incomparable Rockies is receiving scores and even hundreds of inquiries about special excursions, fishing and camping accommodations and other vacation attractions.

The Steamboat Springs "Institute Special" seems to be assured, thereby guaranteeing to members who may wish to join this party an unusually enjoyable opportunity to visit the great mountain region and the vast beyond on the Moffat line, a treat than which there is no greater of its kind in this or any other country. The Denver entertainment committee is to give us a special half day excursion to Golden and up the funicular railway to Morrison Park and the nearby crest. The Switzerland Trail, The Cripple Creek Short Line, the Colorado Southern's famed Georgetown Loup trip, the Colorado Midland over the mountains and the Denver and Rio Grande through the gorge and among the scenic wonders of Colorado, these and other side lines are preparing to give to the Institute such opportunities for pleasure and entertainment, amid unusual scenes and great educational attractions, as are rare for any body of visitors; so that Institute members who come to Denver for the meetings may also pass such a vacation as comes to few physicians in the hum-drum of daily practice.

Denver is anticipating all this with as much avidity as any member of the Institute from the East. At the meeting last week it was evident that none of these excursions will be taken without Denver physicians and their wives and families as chaperons. The local entertainment now in course of preparation will be an agreeable surprise, differing somewhat from such entertainments generally. The interest is growing, the enthusiasm is real, the anticipation genuine in sincerity.

All that is now required for an earnest and effective advance all along the line in the Great West is a commendable attendance from beyond the Mississippi. And sorry I am for any member of the American Institute who can possibly get away from his home and work to attend the session of this year who fails to make himself a recipient of Denver's hospitality and Colorado's welcome. There is real joy in store.

C. E. Fisher,
Chairman Transportation Committee.

4-5-'13.

COMMITTEE ON NEW MEMBERS.

Why Every Homœopathic Physician in the United States and Canada Should Identify Himself With the American Institute of Homœopathy.

BY JAMES C. WOOD, M. D.,

Chairman of Membership Committee.

1. The American Institute of Homœopathy is the oldest national medical organization in the United States.

2. It has during its 69 years of existence protected and safeguarded your interests in all matters pertaining to medical legislation and the regulation of medical practice.

3. It is the national organization of *your* school of medicine. As a matter of loyalty and pride, you should be identified with that organization.

4. It is utterly impossible for you to keep in touch with what your school of medicine is doing without having at your command the transactions of the Institute, in which are published not only the proceedings of the Institute but all of its scientific papers.

5. It is the most liberal medical organization in the world.

6. Its members are composed of men representing all views regarding the potency question, and there is no good reason why every homœopathic physician in the United States and Canada should not affiliate himself with the organization.

7. No homœopathic physician can afford to miss the meetings of the Institute. No one can attend these meetings without returning from them refreshed in mind and body, and in much better shape both physically and intellectually to do his work during the remainder of the year.

8. There never was a time in the history of medicine when it was more important for every homœopathic physician in the United States and Canada to have back of him a strong national medical organization. Legislation of the most important character is being carried on throughout the country and there is serious danger of legislative enactment inimical to your professional standing in the community in which you are practicing. Only constant watching by a strong national organization will prevent this.

9. There are approximately 15,000 homœopathic physicians in the United States. Of this number but 2,700 are members of the national organization. With a view of getting every homœopathic physician in good standing in the United States and Canada into the Institute, the dues have for the first time been reduced for the first year to one dollar, the second year to two dollars, the third year to three dollars, the fourth year to four dollars, and thereafter to five dollars a year.

10. Subscription to the official journal is but one dollar a year to new members so that it will cost you but two dollars to become a member of the Institute and receive the official journal. The official journal is a monthly publication, and provision has been made so that at a small cost it can be bound at the end of the year, giving you each year a splendid volume of reference to be placed upon your shelf.

Will you, doctor, send in your application to the Secretary? You need the endorsement of the Institute and the Institute needs your endorsement.

THE MEISSEN.

THE OFFICERS.

President, Mrs. A. C. Tenney, Chicago.
First Vice-President, Mrs. F. A. Faust, Colorado Springs, Colo.
Second Vice-President, Mrs. James C. Wood, Cleveland, Ohio.
Secretary, Mrs. W. H. Phillips, Cleveland, Ohio.
Treasurer, Mrs. S. B. Moon, Pittsburgh, Pa.

Because of the special facilities available in and around Denver for purposes of entertainment and best known to the Denver ladies, the

President has placed the management of the entertainment entirely in their hands.

The Committee Chairmen are as follows:

Mrs. J. B. Brown, Chairman of Local Arrangements.

Mrs. Carl Fisher, Chairman of Entertainment Committee.

Mrs. E. B. Swerdfeger, Chairman of Hospitality Committee.

Owing to the splendid efforts of these ladies and their committees, we are able to present the following interesting program:

Monday, July 7th, afternoon of greeting; evening, reception and ball. Tuesday, July 8th, morning, business session of the Meissen; afternoon, city points of interest; evening, dinner Professional Women's League. Wednesday, July 9th, morning, shopping; afternoon, trip to Golden with the Institute; evening, vaudeville. Thursday, July 10th, afternoon, trip to Elitchs' Gardens; evening, card party. Friday, July 11th, morning, final business session of the Meissen; afternoon, auto ride around the city; evening, the White City.

The indications are that there will be a full attendance at Denver.

Reservations should be secured at once, if not previously arranged for. As a vacation resort Denver and the surrounding country is ideal.

The Meissen hopes to establish a precedent as a helping hand for the Institute, and this is an additional reason for the presence of every member at this session.

MRS. A. C. TENNEY, *President.*

THE INSTITUTE FRATERNITY.

The Institute Fraternity, organized at Niagara Falls in 1904, is made up of the women of the Institute. Professional comradeship and the promotion of the interests of the Institute have been its objects from the first.

This year widespread effort is being made to extend our membership into the ranks of those who, from lack of interest or understanding, are not members. There are many women rich in character and experience whom the Institute needs. We believe they need the Institute. The work of convincing these women belongs to those who know by experience the benefits to be derived.

At the annual dinner (usually held on the third evening) is seen much evidence of good fellowship among the members. Many pleasant acquaintances and congenial friendships have been formed, and by those who have heretofore attended, it is an occasion anticipated with pleasure.

REBECCA ROGERS GEORGE, *President.*

ALPHA SIGMA FRATERNITY.

Notice is hereby given to the members of the Alpha Sigma Fraternity that the annual "Institute" reunion will be held at the Denver meeting. Headquarters have been engaged at the New Albany Hotel, where the members are urged to register early, so that the committee in charge can determine the number who will participate in their hospitable and interesting program.

Every member who has attended one of these meetings rejoices at the prospect of attending another. To renew the old fraternal ties, so dear, so true, and realize more fully the worth of brotherly love in its devotion to those high ideals of Alpha Sigma. Our devoted Chancellor Dieffenbach will be in attendance and will preside at the dinner. Again we meet with Phi and enjoy their western hospitality. A short business meeting will afford an opportunity to get in touch with the fraternity's life and progress. Important matters pertaining to our welfare will be opened for discussion.

W. W. SHERWOOD, M. D., *Grand President.*
WM. H. PRICE, M. D., *Grand Secretary.*

PHI ALPHA GAMMA FRATERNITY.

The Phi Alpha Gamma men are to have headquarters at the Hotel Albany. A meeting room will be provided and all brothers are requested to register as soon as they reach the city.

The annual Institute Reunion and Love-feast will be held as usual, and a regular Pittsburgh time is promised. Nuf sed.

Let Phi Alpha Gamma show her loyalty to homœopathy and its national organization—the Institute—by sending a large delegation to the Denver meeting.

GEORGE D. NICHOLAS, JR., M. D., *Grand President.*

A preliminary meeting of the Senate of Seniors will be held on Monday at 1 o'clock. A full attendance is most earnestly requested.

THOMAS FRANKLIN SMITH, *Secretary.*

A short preliminary session of the Intercollegiate Committee will be held at 12:30 P. M., Monday.

C. E. WALTON, *Chairman.*

The Interstate Committee will meet Monday at 3 P. M.

JOHN J. TULLER, *Chairman.*

ELECTION OF OFFICERS.

Election will be held for the offices of President, First Vice-President, Second Vice-President, Censor (for five years), and three Trustees (for three years).

Particular attention is called to the following excerpt from Art. IX., Sec. 8, of the by-laws:

The election of officers for the ensuing year shall take place on the second morning of the session, at 10 A. M., Sunday excepted. The nominations shall be made on the first morning of the session, and any person receiving the indorsement of ten members shall be considered a nominee, provided no indorser's name appears on more than one paper for that office.

The first morning session of the Institute begins at nine o'clock Monday. Consequently nominations must be in the hands of the secretary at 10:30 of that morning. Election of officers takes place between the hours of ten A. M. and noon, Tuesday. Nomination papers can be obtained from the secretary at any time. In voting, the Australian ballot system is used.

YOU CANNOT VOTE UNLESS YOU HAVE PAID YOUR DUES.

Members are urgently requested to visit the desks of the Registrar and the Treasurer as soon after reaching Denver as possible, so that they may receive their badges, as well as the Treasurer's receipted bill for dues, and may be ready to cast their ballots for officers as soon as the polls are opened. This will avoid considerable delay which will be occasioned by delaying the payment of dues until the balloting has commenced.

SPECIAL NOTICE.

Particular attention is called to the fact that the first program of the Institute sessions comes on *Sunday evening,* and that the vitally important business sessions open at nine o'clock Monday morning.

J. RICHEY HORNER, *Secretary,*
659 Rose Building,
Cleveland, Ohio.

DELEGATES TO THE INTERSTATE COMMITTEE.

CHAIRMAN, JOHN J. TULLER, M. D., PHILADELPHIA, PA.

State.	*Delegates.*	*Alternates.*
Arkansas,	W. O. Forbes, Hot Springs.	V. H. Halman, Hot Springs. P. C. Williams, Texarkana.

State.	*Delegates.*	*Alternates.*
Alabama,	A. M. Duffield, Citronelle.	
California,	Wm. Boericke, San Francisco.	
	Guy E. Manning, San Francisco.	
Colorado,	J. B. Brown, Denver.	
	G. S. Peck, Denver.	
Connecticut,	E. B. Hooker, Hartford.	
	C. N. Payne, Bridgeport.	
Delaware,	J. H. Rile, Wilmington.	J. M. Stadter, Wilmington.
	C. A. Ritchie, Middletown.	W. E. Postles, Wilmington.
Indiana,	J. H. Baldwin, Jeffersonville.	
	D. W. Weaver, Greensburg.	J. P. Cobb, Chicago.
Illinois,	Mary Elizabeth Hanks, Chicago.	A. E. Smith, Freeport.
	C. E. Kahlke, Chicago.	
Iowa,	F. J. Becker, Atlantic.	Geo. Royal, Des Moines.
	G. A. Huntoon, Des Moines.	
Kansas,	O. L. Garlinghouse, Iola.	
Kentucky,	F. C. Askenstedt, Louisville.	
	O. L. Smith, Lexington.	
Louisiana,	Edward Harper, New Orleans.	
Maine,	J. T. Palmer, Portland.	
	W. H. Kennison, Madison.	
Maryland,	C. L. Rumsey, Baltimore.	
Massachusetts,	Geo. R. Southwick, Boston.	Dana F. Downing, Roxbury.
	J. E. Briggs, Boston.	W. H. Watters, Boston.
Michigan,	D. A. MacLachlan, Detroit.	
	C. B. Kinyon, Ann Arbor.	
Missouri,	W. E. Reily, Fulton.	
	Scott Parsons, St. Louis.	
Minnesota,	E. L. Mann, St. Paul.	H. C. Aldrich, Minneapolis.
	B. H. Ogden, St. Paul.	
New Jersey,	C. H. Wintsch, Newark.	
	A. W. Bailey, Atlantic City.	
New York,	W. S. Garnsey, Gloversville.	B. W. Sherwood, Syracuse.
	H. D. Schenck, Brooklyn.	R. S. Copeland, New York.
Nebraska,	O. S. Wood, Plattsmouth.	
	D. L. Davis, Omaha.	
New Hampshire,	W. C. E. Nobles, Littleton.	
	Channing Bishop, Bristol.	
Ohio,	G. J. Jones, Cleveland.	W. J. Blackburn, Dayton.
	L. Phillips, Cincinnati.	J. W. Overpeck, Hamilton.
Oklahoma,	D. W. Miller, Blackwell.	
Oregon,	Bryon E. Miller, Portland.	
	A. L. Canfield, Portland.	
Pennsylvania,	J. J. Tuller, Philadelphia.	
	A. Korndœrfer, Philadelphia.	
Rhode Island,	D. A. Williams, Providence.	
	John H. Bennett, Pawtucket.	
Texas,	E. P. Howell, Houston.	
Vermont,	E. L. Wyman, Manchester Centre.	

State.	*Delegates.*	*Alternates.*
Virginia,	H. B. Baker, Richmond.	
	G. F. Bagby, Richmond.	
Wisconsin,	N. A. Pennoyer, Kenosha.	
	Geo. E. Ripley, Kenosha.	
West Virginia,	C. M. Boger, Parkersburg.	
	W. I. Morris, Wheeling.	
District of Col.,	J. B. Gregg Custis, Washington.	
	Wm. Rufus King, Washington.	

A. E. SMITH, M. D., *Secretary,*
Freeport, Illinois.

AMENDMENTS TO THE CONSTITUTION AND BY-LAWS PROPOSED AT THE MEETING IN PITTSBURGH TO BE CONSIDERED UNDER THE RULES AT THE MEETING IN DENVER.

Article II., Section 1. To amend by inserting, following the word "years," line seven, "and shall assume their duties on September 26th next after their election;" making the sentence to read, "The Secretary, Treasurer and Registrar shall be elected for the term of three years and shall assume their duties on September 26th next after their election."

Article III., Section 5. Last line. Omit "of $1,000" and insert the words, "the amount to be determined by the Board of Trustees;" so that the sentence shall read, "The Secretary shall be paid an annual salary, the amount to be determined by the Board of Trustees."

Article V., Section 1. Substitute for the last sentence, "No person shall be considered a member, however, until he has either presented a certificate of membership from the secretary of his state society or paid an admission fee of two dollars and the annual dues, which shall entitle him to certificate of membership in the Institute," the following, "No person shall be considered a member, however, until he has paid the annual dues which shall entitle him to a certificate of membership in the Institute."

Article V., Section 4. Third line. Insert after the word "dues" the following, "on attaining the age of sixty-five years;" so that the sentence shall read, "All members of the Institute who have maintained twenty-five consecutive years' membership in the American Institute of Homœopathy unincorporated shall be considered senior members and be exempt from annual dues on attaining the age of sixty-five years, and the same designation and exemption from dues shall be accorded to others whose term of membership in the incorporated body added to the number of years of membership in the American Institute of Homœopathy unincorporated shall amount to twenty-five years in good standing, and to honorary members as heretofore or hereinafter provided."

Article VIII., Section 3. Line four. Substituting the words, "shall consist" for the word "consisting," so that the sentence shall read, "The transactions of the Institute shall consist," etc.

Article IX., Section 9. Line three. Omit the words "at least 90 days before," and substitute the words "before June 1st preceding;" so that the sentence shall read, "All invitations for places of meeting shall be forwarded to the Board of Trustees before June 1st preceding the date of the annual session," etc. Also, following the word "information," fifth line, insert the sentence, "The Board of Trustees shall not be limited in their selection to places proposed as above."

THE BUREAU, THE TIME AND THE PLACE.

Sanitary Science, Monday, 10:30 to 11:45 and 2:30 to 6, Cathedral Hall; Tuesday, 8 to 10, Room "A."

Pedology, Monday, 11:45 to 1, Cathedral Hall, and 2:30 to 6, Room "A;" Tuesday, 2:30 to 6, Room "A."

Materia Medica, Tuesday, 10:30 to 1, 2:30 to 6, and 8 to 10, Cathedral Hall.

Homœopathy, Thursday, 10:30 to 1, 2:30 to 6, and 8 to 10, Cathedral Hall.

Clinical Medicine, Friday, 10:30 to 1, 2:30 to 6, and 8 to 10, Cathedral Hall.

Dermatology, Friday, 2:30 to 6, Room "A," and 8 to 10, Colonial Room.

Surgical and Gynæcological Society, Monday, 2:30 to 6, and Tuesday, 2:30 to 6 and 8 to 10, Colonial Room; Wednesday, 10:30 to 1, Cathedral Hall.

Obstetrical Society, Thursday, 2:30 to 6, 8 to 10, and Friday, 2:30 to 6, Colonial Room.

Physical Therapeutics Society, Thursday, 2:30 to 6, 8 to 10, and Friday, 8 to 10, Room "A."

MEMORIAL SERVICES.

CATHEDRAL HALL, HOTEL ALBANY, SUNDAY, JULY 6TH, 8 P. M.

Music.
Call to Order—President Hinsdale.
Invocation.
Music.
Report of the Necrologist—Benj. F. Bailey, M. D., Lincoln, Neb.
Music.
Address—"Changes Wrought," Chas. E. Sawyer, M. D., Marion, Ohio.
Benediction.

OUR ABSENT MEMBERS.

Adams, George S.
Allen, Richard C.
Aplin, Wm. H.
Arndt, Hugo Richard.
Baldwin, J. G.
Bancroft, Walton.
Bassett, John S.
Bothfield, James F.
Briggs, E. E.
Collins, N. W.
Cross, Hiram Bliss.
Cushing, Alvin M.
Gilstrap, Horace P.
Green, Wm. E.
Haight, Alfred M.
Hasbrouck, Joseph.
Hitchcock, Henry Martin.
Ingersoll, M. A.
Jenkins, C. G.
Jenny, W. H.
McClelland, Jas. Black.
Miller, Christopher C.
Neal, Dwight B.
Orme, F. H.
Palmer, Lewis R.
Pettet, Isabella M.
Pierce, Oscar F.
Pierce, Willard I.
Pomeroy, H.
Ripley, Martha G.
Rosenberger, A. S.
Seip, Christian P.
Shattuck, David P.
Skiles, Francis W.
Smith, Earnest Byron.
Smith, Sidney Edward.
Somerville, Wm. H.
Spalding, Henry E.
Tobey, Wm. Henry
Trotter, R. R.
Van Vleck, P. H.
Watson, Wm. Henry.
Wurtz, C. B.

SCHEDULE

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
9 to 10:30	Institute Business, Cathedral Hall.	Institute Business, Cathedral Hall.	Institute Business, Cathedral Hall.	Institute Business, Cathedral Hall.	Institute Business, Cathedral Hall.	Institute Business, Cathedral Hall.
10:30 to 1	10:30 to 11:45 Sanitary Science. (11:45 to 1) Pedology, Cathedral Hall.	Materia Medica, Cathedral Hall.	Surgical and Gynæcological Society, Cathedral Hall.	Homœopathy, Cathedral Hall.	Clinical Medicine, Cathedral Hall.	
2:30 to 6	Sanitary Science, Cathedral Hall. Pedology, Room A. Surgical and Gynæcological Society, Colonial Room.	Materia Medica, Cathedral Hall. Pedology, Room A. Surgical and Gynæcological Society, Colonial Room.	Golden Park.	Homœopathy, Cathedral Hall, Obstetrical Society, Colonial Room. Physical Therapeutics Society Room A.	Clinical Medicine, Cathedral Hall. Obstetrical Society, Colonial Room. Dermatology, Room A.	
8 to 10	Opening Exercises. Address. President, W. B. Hinsdale. Reception, Cathedral Hall.	Materia Medica, Cathedral Hall. Sanitary Science, Room A. Surgical and Gynæological Society, Colonial Room.	Fraternities, Alumni Associations Social Gatherings.	Homœopathy, Cathedral Hall. Obstetrical Society, Colonial Room. Physical Therapeutics Society Room A.	Clinical Medicine, Cathedral Hall. Dermatology, Colonial Room. Physical Therapeutics Society Room A.	

Sunday, 8 P. M. Cathedral Hall. Memorial Exercises. Charles E. Sawyer, M. D., Orator. Address, "Changes Wrought."

OPENING EXERCISES.

CATHEDRAL HALL, MONDAY, JULY 7, 1913, 8 P. M.

Music—Orchestra.
Call to order, Dr. Grant S. Peck.
Invocation.
Address of welcome, Honorable Elias M. Ammons, Governor of Colorado.
Address of welcome on behalf of the Homœopathic Medical Society of Colorado, Dr. James B. Brown, President of the Society.
Response to these addresses, Henry R. Stout, M. D., Jacksonville, Florida, First Vice-President of the Institute.
Music—Orchestra.
The address of the President, Wilbert B. Hinsdale, M. D., Ann Arbor, Michigan.
Appointment of the Committee on President's Address, Vice-President Stout.
Music—Orchestra.
A reception by the President will follow.
Dancing.

PROGRAM

CATHEDRAL HALL, MONDAY, 9 A. M.

Call to order.
Preliminary address, President W. B. Hinsdale, M. D.
Appointment of committee on President's address, First Vice-President H. R. Stout, M. D.
Adoption of the order of business.
Action on amendments.
Report of the Local Committee of Arrangements, Grant S. Peck, M. D., Chairman.
Report of Press Committee, Burton Haseltine, M. D.
Report of Committee on Transportation, C. E. Fisher, M. D., Chairman.
Appointments to fill vacancies on standing committees.
Report of the Treasurer, Thos. Franklin Smith, M. D.
Report of Committee on Hahnemann Monument, James H. McClelland, M. D., Chairman.
Report of International Bureau of Homœopathy, Geo. B. Peck, M. D., Chairman.
Report of Committee on Resolutions and Business, M. D. Youngman, M. D., Chairman.
Report of Board of Censors, W. E. Reily, M. D., Chairman.
New business.
Nominations for offices.

TUESDAY, 9 A. M.

Report of Board of Censors.
Election of new members.
Report of Committee on Resolutions and Business.
Report of Board of Trustees by the Secretary.
Report of Committee on National Legislation, James W. Ward, M. D., Chairman.
Report of Committee on New Members, James C. Wood, M. D., Chairman.
Report of Special Committee for Women Members, Rebecca R. George, M. D., Chairman.

Report of Trustees of Institute of Drug Proving, J. B. Gregg Custis, M. D., Chairman.
Report of Delegates to International Homœopathic Council at Zurich, J. H. McClelland, M. D.
Report of Delegates to Fourth National Conservation Congress, Sollis Runnels, M. D.
Report of Committee on Endowment Fund, W. H. Dieffenbach, M. D., Chairman.
Unfinished business.
New business.
Election of officers, 10 A. M. to 12 noon.

WEDNESDAY, 9 A. M.

Report of Board of Censors.
Election of new members.
Report of Committee on Resolutions and Business.
Report of Committee on Organization, Registration and Statistics, Thos. Franklin Smith, M. D., Chairman.
Report of Committee on American Association for Clinical Research, Jas. Krauss, M. D., Chairman.
Report of Committee on President's Address.
Report of Committee on Pharmacopœia, T. H. Carmichael, M. D., Chairman.
Report of Committee on Journal, J. H. McClelland, M. D., Chairman.
Report of election inspectors.
Unfinished business.

THURSDAY, 9 A. M.

Report of Board of Censors.
Election of new members.
Report of Committee on Resolutions and Business.
Report of Committee on Medical Examining Boards, D. A. Strickler, M. D., Chairman.
Report of Special Editorial Committee for Preparation of Homœopathic Handbook, R. S. Copeland, M. D., Chairman.
Report of Interstate Committee, John J. Tuller, M. D., Chairman.
Report of Auditing Committee, W. E. Reily, M. D., Chairman.
Unfinished business.
New business.

FRIDAY, 9 A. M.

Report of Board of Censors.
Election of new members.
Report of Committee on Resolutions and Business.
Report of Council of Medical Education, George Royal, M. D., Chairman.
Report of Intercollegiate Committee, C. E. Walton, M. D., Chairman.
Report of Committee on Conference with Eclectic Association, H. D. Schenck, M. D., Chairman.
Report of Board of Trustees on Place of Meeting for following year.
Final Reports of Bureaux:
Materia Medica, Walter E. Nichols, M. D., Chairman.
Homœopathy, J. P. Sutherland, M. D., Chairman.
Clinical Medicine, Alden E. Smith, M. D., Chairman.
Pedology, Lucy H. Black, M. D., Chairman.
Sanitary Science, Scott C. Runnels, M. D., Chairman.
Dermatology and Genito-Urinary Diseases, Claude A. Burrett, M. D., Chairman.
Unfinished business.
New business.
Adjournment.

BUREAU OF SANITARY SCIENCE, PUBLIC HEALTH AND SOCIAL HYGIENE.

Chairman, Scott C. Runnels, M. D., Little Rock, Ark.
Sessions, Monday, 10:30 to 11:45 and 2:30 to 6, Cathedral Hall; Tuesday, 8 to 10, Room "A."
Scott C. Runnels, M. D., Little Rock, Ark., The Health Movement.
George Royal, M. D., Des Moines, Ia., Oral Vaccination.
H. M. Stevenson, M. D., Baltimore, Md., Shall a Certificate of Good Health Be Required Before a License to Marry Be Granted.
C. R. Armstrong, M. D., Thorntown, Ind., Universal Medical Inspection in Our Public Schools.

BUREAU OF PEDOLOGY.

Lucy Hazlett Black, M. D., Chairman, Erie, Penna.
Mabelle S. Watson, M. D., Secretary, Ashtabula, Ohio.
Sessions, Monday, 11:45 to 1, Cathedral Hall, and 2:30 to 6, Room "A," Tuesday, 2:30 to 6, Room "A."
1. Infant Welfare, Lucy Hazlett Black, M. D., Erie, Penna.
Disputant, F. R. Stansbury, M. D., Cincinnati, O.
2. Errors in Modern Infant Feeding, Joseph Pettee Cobb, M. D., Chicago, Ill.
Disputant, Rhoda Pike Barstow, M. D., Chicago, Ill.
3. Skin Manifestations of Disease in Children, Clarence E. Burt, M. D., New Bedford, Mass.
4. Infantile Paralysis, C. Sigmund Raue, M. D., Philadelphia, Pa.

BUREAU OF MATERIA MEDICA.

Walter E. Nichols, M. D., Chairman, Pasadena, Cal.
F. S. Barnard, M. D., Secretary, Los Angeles, Cal.
Sessions, Tuesday, 10:30 to 1, 2:30 to 6, and 8 to 10, Cathedral Hall.
1. A Comparative Study of Homœopathy and Vaccine Therapy, G. Harlan Wells, M. D., Philadelphia.
Disputant, O. S. Haines, M. D., Philadelphia.
2. Conium, With Some Clinical Cases, Ella M. Tuttle, M. D., New Berlin, N. Y.
Disputant, Wm. Little, M. D., Sherburn, N. Y.
3. Is the Homœopathic Materia Medica a Scientific Quantity? Lewis P. Crutcher, M. D., Long Beach, Cal.
Disputant, James W. Mastin, M. D., Denver, Colo.
4. Five Remedies That I Know Better Than Others, D. Tonjes Krudop, M. D., Los Angeles, Cal.
Discussed by W. J. Hawkes, M. D., Los Angeles, Cal.
5. A Few Indications, Rollin S. Gregory, M. D., Boise, Idaho.
6. Our Present Literature, J. H. Peterman, M. D., Ardmore, Okla.
7. Aurum, Natrum mur. in Gynæcology, Mary Elizabeth Hanks, M. D., Chicago.
8. How Clinical Experiences Teach Us That the Index of Similarity Is a Trustworthy Guide. Oliver Sloan Haines, M. D., Philadelphia.
9. Barium Salts, G. E. Dienst, M. D., Chicago, Ill.
10. A Complicated Case Treated With Vaccines; Recovery, Alonzo C. Tenney, M. D., Chicago, Ill.
Disputant, H. D. Schenck, M. D., Brooklyn, N. Y.
11. Seek Government Aid in Our Provings, Curtis A. Wherry, M. D., Salt Lake City, Utah.
12. Eucalyptus, A. L. Blackwood, M. D., Chicago, Ill.
Discussed by S. H. Aurand, M. D., Chicago, Ills.

BUREAU OF HOMŒOPATHY.

Chairman, John P. Sutherland, M. D., Boston, Mass.
Secretary, M. A. Royal, M. D., Des Moines, Iowa.
Sessions, Thursday, 10:30 to 1, 2:30 to 6, and 8 to 10, Cathedral Hall.
Address by the Chairman.

1. The Sources of Power of, and the Variety of Forces in, Attenuated Matter, Dr. James W. Overpeck, Hamilton, O.
Discussed by Dr. D. L. Davis, Omaha, Neb.

2. Hydrastis Canadensis, Dr. H. F. Biggar, Cleveland, O.
Discussed by Dr. W. A. Humphrey, Toledo, O.

3. "Vital Force" Doctrine, Dr. C. F. Junkermann, Columbus, O.
Discussed by Dr. J. C. Fahnestock, Piqua, Ohio.

4. The Principles of Homœopathy in Obstetrics, Dr. James W. Mastin, Denver, Colo.
Discussed by Dr. G. P. Rowe.

5. A Case Illustrating the Principles and Efficacy of Homœopathy, Dr. James B. Brown, Denver, Colo.

6. "Tolle Causam" From the Homœopathic Standpoint, Dr. Philip Rice, San Francisco, Cal.
Discussed by Dr. W. A. Dewey, Ann Arbor, Mich.

7. The Use of Topical Applications as Adjuvants in Homœopathic Dermatological Practice—Advancing Scientific Arguments to Prove That Local Treatment of Skin Diseases Does not Interfere With the Action of Potentized Remedies, Dr. Ralph Bernstein, Philadelphia, Pa.
Discussed by Dr. Claude A. Burrett, Ann Arbor, Mich.

8. Homœopathy in Medical Education, Dr. W. J. Blackburn, Dayton, Ohio.
Discussed by Dr. George Royal, Des Moines, Iowa.

9. Immunity Versus Homœopathy, Dr. R. Del Mas, Hugo, Minn.
Discussed by Dr. Julia C. Loos, Harrisburg, Pa.

10. Two Therapeutic Friends: Homœopathy and Psychotherapy, Dr. Sheldon Leavitt, Chicago, Ill.

11. Physio-Chemical Adjuvants, Dr. S. W. Staads, Sioux City, Iowa.
Discussed by Dr. Edwin Schenck, Des Moines, Iowa.

12. Homœopathy in the Practice of Surgery, Dr. Nathaniel W. Emerson, Boston, Mass.
Discussed by Dr. G. A. Huntoon, Des Moines, Iowa.

13. Diet and Homœopathic Treatment, Dr. Wm. E. Leonard, Minneapolis, Minn.
Discussed by Dr. T. L. Hazard, Iowa City, Iowa.

14. Demonstrative Homœopathy, Dr. S. R. Geiser, Cincinnati, Ohio.

15. A Case Illustrating the Principles and Efficiency of Homœopathy, Dr. James B. Brown, Denver, Colo.
Discussed by Dr. G. P. Rowe.

16. Physio-Chemical Adjuvants, Dr. S. W. Staads, Sioux City, Iowa.

BUREAU OF CLINICAL MEDICINE AND PATHOLOGY.

Chairman, Alden E. Smith, M. D., Freeport, Ill.
Secretary, B. E. Miller, M. D., Portland, Ore.
Sessions, Friday, 10:30 to 1, 2:30 to 6, and 8 to 10, Cathedral Hall.

1. Address—Therapeutics and Therapeutical Agents, A. E. Smith, M. D., Freeport, Ill.

2. Symposium on Pneumonia.

A. The Internal Treatment of Pneumonia, C. E. Grove, M. D., Spokane, Wash.
Disputant, Sollis Runnells, M. D., Indianapolis, Ind.

B. Adjuvants in the Treatment of Pneumonia, Wm. H. Dieffenbach, M. D., New York City.
Disputant, E. Stillman Bailey, M. D., Chicago, Ill.

C. An Atypical Case of Pneumonia With Treatment, E. B. Swerdfeger, M. D., Denver, Col.

D. Tuberculinum in Pneumonia With Clinical Verification, Sarat Ch. Ghose, M. D., Calcutta, India.

3. Early Diagnosis of Typhoid Fever, Belle B. Gurney, M. D., Chicago, Ill.

Disputant, B. H. Ogden, M. D., St. Paul, Minn.

4. Internal Medication and Adjuvants in the Treatment of Typhoid Fever, G. C. Lamb, M. D., Canon City, Col.

Disputant, Chas. E. Walton, M. D., Cincinnati, O.

6. The Homœopathic Versus Other Methods in the Treatment of Medical Cases, W. E. Reily, M. D., Fulton, Mo.

Disputants, T. H. Carmichael, M. D., Phila., Pa.; Emma D. Pronger, M. D., Denver. Col.

7. Some of the Newer and More Practical Methods Being Used in Diagnosis, C. E. Sawyer, M. D., Marion, O., and H. E. Beebe, M. D., Sydney, O.

Disputant, Alonzo C. Tenney, M. D., Chicago, Ill.

8. The Influence of Disease in Modifying the Secretions, Excretions and Fluids of the Body, James Krauss, M. D., Boston, Mass.

Disputant, G. A. Angus, M. D., Brighton, Mass.

9. Is Diagnosis a Necessity in Order to Apply the Remedy Homœopathic to the Case? E. P. Mills, M. D., Ogden, Utah.

Disputant, R. S. Gregory, M. D., Boise City, Idaho.

10. The Early Diagnosis, Open Air, Hygienic, X-Ray and Rest Treatment of Tuberculosis, L. E. Bartz, M. D., Windsor, Col.

11. Tuberculosis of the Skin, Its Manifestations, Diagnostics and Resume of Treatment Methods, With a Special Reference to the Indicated Homœopathic Remedy. (Illustrated with projectoscopic lantern slides in colors.) Ralph Bernstein, M. D., Phila, Pa.

Disputants, Claude A. Burrett, M. D., Ann Arbor, Mich,; G. W. Spencer, M. D., Cleveland, O.

12. Pellagra, A. L. Smithers, M. D., Anderson, S. C.

13. Auto-Therapy Case Report, Chas. H. Duncan, M. D., New York City.

14. Preventive Medicine, Geo. Phillips, M. D., Denver, Col.
Disputant, G. E. Dienst, M. D., Aurora, Ill.

15. The Diagnosis of Abdominal Conditions of a Chronic Character With a Special Reference to Abnormalities in Size and Position of the Viscera, A. C. Tenney, M. D., Chicago, Ill.
Disputant, H. D. Schenck, M. D., Brooklyn, N. Y.

16. Gall Stones, Homœopathic Treatment of, Geo. W. Anderson, M. D., Eastonville, Col.

Disputant, Wm. E. Leonard, M. D., Minneapolis, Minn.

17. Diseases of the Rectum and Colon, Carl Herrmann Wintsch, M. D., Newark, N. J.
Disputant, D. A. Foote, M. D., Omaha, Neb.

18. The Raising of Tissue Resistance, S. W. Staads, M. D., Sioux City, Iowa.

Disputant, J. B. Brown, M. D., Denver, Col.

BUREAU OF DERMATOLOGY AND GENITO-URINARY DISEASES.

Claude A. Burrett, Ph. B., M. D., Chairman, Ann Arbor, Mich.

Sessions, Friday, 2:30 to 6, Room "A," and 8 to 10, Colonial Room.

The Derma, Its Relationship to the Organism and Disease, With a Few Clinical Cases, J. Henry Allen, M. D., Chicago, Ill.

Paper, Leon T. Ashcraft, M. D., Philadelphia, Pa.

Pruritus Senilis—What Is It and What Shall We Do for It? With a Condensed Modern Descriptive List of Clinical Proven Remedies With Repertory, Ralph Bernstein, M. D., Philadelphia, Pa.

Discussion opened by G. Harlan Wells, M. D., Philadelphia, Pa.

My Experience With Salvarsan, C. D. Collins, M. D., Chicago, Ill.

Discussion opened by Sprague Carleton, M. D., New York City.

THE SURGICAL AND GYNÆCOLOGICAL SOCIETY.

President, H. C. Aldrich, M. D., Minneapolis, Minn.

First Vice-President, Rebecca R. George, M. D., Indianapolis, Ind.

Second Vice-President, Edgar R. Bryant, M. D., San Francisco, Cal.

Secretary-Treasurer, J. W. Hassler, M. D., New York City.

Sessions, Monday, 2:30 to 6, and Tuesday, 2:30 to 6 and 8 to 10, Colonial Room; Wednesday, 10:30 to 1, Cathedral Hall.

1. President's Address, H. C. Aldrich, M. D., Minneapolis, Minn. First paper at evening session, Bone Transplantation in the Treatment of Potts' Disease.

2. Experiences With Intravenous Anæsthesia, W. F. Honan, M. D., and J. W. Hassler, M. D., New York City.

3. Nitrous Oxide and Oxygen Anæsthesia, R. P. Miller, M. D., Albia, Ia.

4. Carbon Dioxide as a Respiratory Stimulant, T. D. Buchanan, M. D., New York.

5. Cancer of the Rectum. N. W. Emerson, M. D., Boston, Mass.

6. The Treatment of Hemorrhoids by the Injection Treatment, O. R. Von Bonnewitz, M. D., New York City.

7. Orificial Surgery an Aid to General Surgery, W. A. Guild, M. D., Des Moines, Ia.

8. The X-ray in Bone and Joint Diseases, E. H. Grubbe, M. D., Chicago.

9. A Case of Tendon Transplantation, E. P. Mills, M. D., Ogden, Utah.

10. Treatment of Malignant Tumors With Radio-Active Substances, N. T. B. Nobles, M. D., Cleveland, Ohio.

11. Clinical Observations Following the Use of Radium and Thorium, E. S. Bailey, M. D., Chicago.

12. Malignant Tumors of the Ovary, Florence N. Ward, M. D., San Francisco.

13. Cancer of the Ovary With Rupture in a Girl Aged Eight Years, C. W. Perkins, M. D., Princeton, N. J.

14. Displacement of Uterus and Ovaries and Some Unrecognized Reflexes With Treatment, Belle B. Gurney, M. D., Chicago.

15. Modification of Alexander's Operation in the Treatment of Uterine Retro-Displacement, B. H. Ogden, M. D., St. Paul, Minn.

16. Surgery of the Prostate, H. F. Biggar, M. D., and H. F. Biggar, Jr., M. D., Cleveland, Ohio.

17. Urinary Tuberculosis, James Krauss, M. D., Boston, Mass.

18. An Improved Operation for Hare-Lip and Cleft Palate. G. W. Roberts, M. D., New York City.

19. Potent Factors, C. E. Sawyer, M. D., Marion, Ohio.

20. Gastric Ulcer Complicated With Gall Bladder Disease, B. E. Miller, M. D., Portland, Ore.

21. The Advantage of Removing the Twelfth Rib and of Closing the

Wound Without Drainage in Nephrectomy for Tubercular Kidney, H. I. Ostrom, M. D., New York.

OBSTETRICAL SOCIETY.

President, Walter Gray Crump, M. D., New York City.
First Vice-President, Gilbert Fitz-Patrick, M. D., Chicago.
Second Vice-President, Emily F. Swett, M. D., Medina, N. Y.
Secretary-Treasurer, Leon S. Loizeaux, M. D., New York City.
Sessions, Thursday, 2:30 to 6, 8 to 10, and Friday, 2:30 to 6, Colonial Room.

Address of President, Walter Gray Crump, New York City.
Symposium on the various phases of child birth, as follows:

1st. Essential Qualifications and Equipment of the Accoucher, Dr. Gilbert Fitz-Patrick, Chicago, Ill.

2d. The Instruction of the Prospective Mother.

3d. Care of the Pregnant Woman, Dr. Gardner A. Huntoon, Des Moines, Iowa.

4th. The Routine Conduction of Delivery, Dr. Florence Ward, San Francisco, Cal.

5th. Care of the Patient During the Puerperium, Dr. R. M. Richards, Detroit, Mich.
Disputants, A. H. Gordon, M. D., Chicago; H. D. Bishop, M. D., Cleveland; H. C. Aldrich, M. D., Minneapolis.

6th. Care of the New Born Infant, Dr. J. T. Simonson, New York City.

7th. The Relation of the Laboratory to Child Birth, Dr. Lindsley F. Cocheu, New York City.

8th. Obstetrical Fees.

NATIONAL SOCIETY OF PHYSICAL THERAPEUTICS.

President, Wm. H. Dieffenbach, M. D., New York.
First Vice-President, Anna D. Varner, M. D., Wilkinsburg, Pa.
Second Vice-President, E. B. Hooker, M. D., Hartford, Conn.
Secretary, E. P. Mills, M. D., Ogden, Utah.
Treasurer, A. E. Smith, M. D., Freeport, Ill.
Sessions, Thursday, 2:30 to 6, 8 to 10, and Friday, 8 to 10, Room "A."

President's address, Instruction in Physical Therapeutics, Wm. H. Dieffenbach, M. D., New York.
Appointment of committees.
Election of new members.
Reports of officers.
Bureau of Electro-Therapeutics, Clara E. Gary, M. D., Boston, Mass., Chairman.
Clinical Cases Illustrating the Uses of the Galvanic and Faradic Currents, Benjamin T. Loring, M. D., Boston, Mass.
High Frequency Currents in the Treatment of Hay Fever, Laura J. Brown, M. D., Lincoln, Neb.
Earth Currents, F. St. Clair Hitchcock, M. D., New York.
Bureau of Radiology, Emil H. Grubbe, M. D., Chicago, Ill., Chairman.
X-Rays in the Treatment of Tuberculosis, J. D. Gibson, M. D., Denver, Colo.
X-Rays in the Treatment of Epithelioma, Emil H. Grubbe, M. D., Chicago, Ill.

Bureau of Hydro- and Thermo-Therapy, N. A. Pennoyer, M. D., Kenosha, Wis., Chairman.

Paper, N. A. Pennoyer, M. D., Kenosha, Wis.

Bureau of Kinesotherapy, B. F. Bailey, M. D., Lincoln, Neb., Chairman.

Area Anæsthesia by Freezing, W. A. Guild, M. D., Des Moines, Ia.

The Use of Kinesotherapy in Ankylosis, B. F. Bailey, M. D., Lincoln, Neb.

Bureau of Psychotherapy and Suggestive Therapeutics, A. E. Smith, M. D., Freeport, Ill.

Instinct, Intellect and the Game, Henry S. Monroe, M. D., Omaha, Neb.

Disputant, Sheldon Leavitt, M. D., Chicago, Ill.

The Value of the Prescription Multiplied, A. E. Smith, M. D., Freeport, Ill.

Disputant, B. F. Bailey, M. D., Lincoln, Neb.

TWENTY-SIXTH ANNUAL MEETING OF THE AMERICAN HOMŒOPATHIC O., O. AND L. SOCIETY.

OFFICERS, 1912-1913.

President, Geo. A. Shepard, M. D., New York, N. Y.

First Vice-President, I. O. Denman, M. D., Toledo, Ohio.

Second Vice-President, Ella G. Hunt, M. D., Cincinnati, Ohio.

Secretary, Dean W. Myers, M. D., Ann Arbor, Mich.

Treasurer, Albert E. Cross, M. D., Worcester, Mass.

Censors, J. Ivimey Dowling, M. D., Albany, N. Y.; Wm. Muncy, M. D., Providence, R. I.; G. J. Palen, M. D., Philadelphia, Pa.; Robert M. Jones, M. D., New York, N. Y.; J. B. S. King, M. D., Chicago, Ill.

Local Committee, Richard H. Street, M. D., Chairman, Chicago.

OFFICIAL JOURNAL.

Journal of Ophthalmology, Otology and Larngology.

PROGRAM.

Hotel Blackstone, Chicago, Ill.

TUESDAY, JULY 1ST, 1913.

First Session—10:00 A. M.

Call to order.

Adoption of program.

Appointment of committees:

(a) Attendance.

(b) Nominations.

(c) The Press.

President's address.

Appointment of Committee on President's Address.

Second Session—2:30 P. M.

Clinic—Hahnemann Hospital.

Third Session—8 P. M.

Nose and Throat.

1. "Chronic Ethmoid Disease and Its Relation to Asthma," by Burton Haseltine, M. D., Chicago, Ill.

Discussion by J. I. Dowling, M. D., Albany, N. Y.

2. "Therapeutics of the Nose," by John B. Garrison, M. D., New York, N. Y.

Discussion by W. E. Boynton, M. D., Chicago, Ill.; Chas. E. Allen, M. D., Kansas City, Mo.; J. H. Hallock, M. D., Saranac Falls, N. Y.

Second Session—2:30 P. M.

3. "Therapeutics of the Throat," by Chas. E. Teets, M. D., New York, N. Y.

Discussion by Alva Sowers, M. D., Chicago, Ill.; L. E. Hetrick, M. D., Newark, N. Y.; Carl H. Rust, M. D., Cleveland, O.

4. "Malignant Tumors of the Larynx," by Geo. B. Rice, M. D., Boston, Mass.

Discussion by A. S. Hanson, M. D., Cedar Falls, Ia.; C. C. Collier, M. D., Chicago, Ill.

5. "Diseases of the Nose and Throat as Observed in Special Corporation Work," by H. Leroy Thompson, M. D., Chicago, Ill.

Discussed by

6. "Packing the Tonsillar Fossa After Tonsillectomy to Prevent Hæmorrhage," by F. B. MacMullen, M. D., Ann Arbor, Mich.

7. "The Need for Early Treatment in Fractures of the Nasal Bones," Harold Foster, M. D., New York.

WEDNESDAY, JULY 2D.

Fourth Session—10:00 A. M.

Ear.

7. "Five Cases of Cerebral Abscess," by A. G. Warner, M. D., Brooklyn, N. Y.

Discussion by E. L. Mann, M. D., St. Paul, Minn.; G. J. Palen, M. D., Philadelphia, Pa.

8. "Therapeutics" (Ear) (Acute Inflammations), by E. L. Munson, M. D., New York, N. Y.

Discussion by E. G. Lynn, M. D., Des Moines, Ia.; E. D. Brooks, M. D., Kalamazoo, Mich.; H. S. Willard, M. D., Paterson, N. J.

9. "Labyrinthine Tests" (demonstration), by Geo. W. McKenzie, M. D., Philadelphia, Pa.

10. "Tuning Fork Tests," by Alfred Lewy, M. D., Chicago, Ill.

Discussion by C. Shambaugh, M. D., Chicago, Ill.

11. "Lip Reading Taught to Adults. Twenty Minute Paper With Demonstration of Method on Patient," by Miss Gertrude Torrey, Chicago, Ill., and Miss Mary McCowan.

Discussion by W. E. Reily, M. D., Fulton, Mo.

Fifth Session—2:30 P. M.

Eye.

12. "Simple Glaucoma," by A. E. Cross, M. D., Worcester, Mass.

Discussion by F. C. Lee, M. D., Cleveland, Ohio; J. M. Patterson, M. D., Kansas City, Mo.; I. D. Metzger, M. D., Tyrone, Pa.

13. "Progressive Myopia," by C. G. Fellows, M. D., Chicago, Ill.

Discussion by H. D. Schenck, M. D., Brooklyn, N. Y.; Chas. L. Rumsey, M. D., Baltimore, Md.; Frank O. Nagle, M. D., Philadelphia, Pa.

14. "Therapeutics" (Eye), by Chas. H. Helfrich, M. D., New York, N. Y.

Discussion by Phillip Rice, M. D., San Francisco, Cal.; Chas. H. Hubbard, M. D., Chester, Pa.; W. B. Kreider, M. D., Goshen, Ind.

15. "Ophthalmic Hospital Reports," by W. D. Rowland, M. D., New York, N. Y.

Discussion by M. A. Barndt, M. D., Milwaukee, Wis.; G. DeWayne Hallett, M. D., New York, N. Y.

16. "Some Effects of Accommodation Upon Ocular Co-ordination," by Geo. A. Suffa, M. D., Boston, Mass.

Discussion by R. W. Homan, M. D., Webster City, Ia.

17. "Cataract in Its Capsule," by Dean W. Myers, M. D., Ann Arbor, Mich.

Discussion by Wm. Muncy, M. D., Providence, R. I.

18. "Tic Douloureux, With a New Procedure for Removal of the Nerve," by I. O. Denman, M. D., Toledo, Ohio.

[NOTE.—Four papers on "Ear" to report at *eighth* session, Thursday, July 3, 2:30 P. M.]

WEDNESDAY, JULY 2D, 1913

Sixth Session—6:00 P. M.

Informal dinner at Chicago Yacht Club.

Report of Committee on Special Education, Burton Haseltine, M. D., Chairman.

Smoker—"Experiences," Wm. McLean, M. D., Chairman.

"Some Experiences in the Treatment of a Case of Double Empyema of the Frontal Sinuses," Geo. B. Rice, M. D.

"Supra-Orbital Pain. Etiology Unusually Difficult of Diagnosis. How I Did It," Ira O. Denman, M. D.

"Two Cases of Cavernous Sinus Thrombosis," Burton Haseltine, M. D.

"Eczematous Keratitis," H. Warren Johnson, M. D.

"A Troublesome Case of Antrum Disease," E. D. Brooks, M. D.

"Cataract Operation in Which the Patient on the Second Day Removed the Bandage, and in Scratching His Eye Everted the Corneal Flap. The Interest Is in the Result," L. E. Hetrick, M. D.

"An Interesting Case Due to Frontal Sinus Disease," C. E. Beeman, M. D.

"Sympathetic Ophthalmia," Dean W. Myers, M. D.

"Iritis," M. A. Barndt, M. D.

"How I Came to Use 'High Frequency.' A Case or Two," W. B. Kreider, M. D.

"Ménière's Disease or What?" A. B. Clapp, M. D.

"Burn Injury of the Eye From a Quantity of Permanganate of Potash Crystals," F. C. Sage, M. D.

"A Case of Epithelioma of the Lower Lid and the Treatment Which Is Apparently Curing It," Carleton Harkness, M. D.

"My Most Obstinate Case of Chronic Frontal Sinusitis," Geo. Denman, M. D.

"A Case of Parenchymatous Keratitis Treated With Neo-Salvarsan and Mercurial Injections," H. S. Willard, M. D.

THURSDAY, JULY 3D, 1913.

Seventh Session—10:00 A. M.

BUSINESS SESSION.

1. Report of Officers.
2. Report of Secretary.
3. Report of Treasurer.
4. Report of Necrologist.
5. Report of Censors. Election of New Members.
6. Report of Committees.
   - (a) Election.
   - (b) Attendance.
   - (c) Press.
   - (d) President's Address.
   - (e) Other Special Committees.
7. Unfinished Business.
8. New Business.
9. Election of Officers.

Ninth Session—4 P. M.

Final Business Session.

CONSTITUTION AND BY-LAWS.

ADOPTED MAY 31, 1909.

ARTICLE I.—*Name and Object.*

The title of this association shall be known in law as the AMERICAN INSTITUTE OF HOMŒOPATHY. Its object shall be to promote the science and art of medicine; to diffuse medical knowledge; to safeguard the material interests of the medical profession; to elevate the standard of medical education; to secure the enactment and the enforcement of just medical laws; to enlighten and direct public opinion so that by the employment of the best methods of hygiene and public sanitation, usefulness and longevity of the race may reach its highest development, but especially to secure the recognition of the law Similia Similibus Curentur—*the scientific basis of Hahnemann's methods as expressed by him, viz: Similia Similibus Curentur:* and to prove and authoritatively report the results of the effects of drugs upon healthy human beings with a view to their application in the cure of disease, the relief of suffering and the prolongation of human life.

ARTICLE II.—*Members.*

SECTION 1. The Institute shall consist of a central body and of sectional societies, whose members shall also be members of the Institute. The membership of the Institute shall consist of the present membership of the American Institute of Homœopathy, unincorporated, as represented by the Treasurer to be in good standing, and of such others as have pursued a regular course of medical study according to the requirements of the existing institutions of the country, and who are eligible to membership in the state society of the State in which they reside, provided that such a society exists; or members of one of the sectional societies recognized by the American Institute, provided such members are elected in the manner to be hereinafter prescribed in the By-Laws. Further, provided that all diplomas considered as sufficient evidence of educational qualifications must represent institutions recognized by the Intercollegiate Committee of the American Institute of Homœopathy at the time of the issuance of the diplomas.

SECTION 2. No physician who graduated subsequent to the year 1903 shall be eligible to membership unless said graduation followed four full annual courses of didactic and clinical lectures of not less than six months each in a college recognized by the American Institute of Homœopathy at the date when his diploma was granted.

ARTICLE III.—*Officers.*

The officers of the Institute shall be a President, two Vice Presidents, a Secretary, a Treasurer, and a Registrar; there shall also be elected nine Trustees who, in connection with the officers above named, shall constitute the Board of Trustees, and shall have the authority vested in them granted by the articles of

incorporation according to the laws of the District of Columbia, bearing date of September 26, 1908. The officers of the Institute shall bear the same titles in the Board of Trustees and possess the same prerogatives and exercise all the duties which the By-Laws shall provide. Such officers shall be chosen at such time, in such manner, for such periods, and with such duties as the By-Laws hereinafter to be enacted shall provide.

At each session of the Institute there shall be elected by the Senate of Seniors one of its members who shall be the Honorary President of the Institute for the ensuing year.

Article IV.—*Seal.*

The Institute shall have an appropriate seal with suitable device and the following inscription—Similia Similibus Curentur. This seal shall be in the custody of the Treasurer and shall be used only under the direction of the Board of Trustees.

Article V.—*Funds.*

Necessary funds for the expenses of the Institute shall be raised in accordance with the By-Laws hereinafter to be enacted; and shall be appropriated by authority of the Board of Trustees or by direct vote of the Institute to defray the necessary expenses of the Institute; to enable the officers and standing committees to fulfill their respective duties; to conduct their official correspondence, and to meet such expenses as shall be ordered by the Institute in regular session.

Article VI.—*Meetings.*

The Board of Trustees shall hold two meetings annually, one during the month of December of each year, and the second on the opening day of the annual session of the Institute at the place selected for such meetings, notice of which meetings shall have been given to each member of said Board thirty days prior to said meeting and have been published previously in the official Journal. The President shall issue the call specifying the time and place of such meetings.

Article VII.—*Amendments.*

This Constitution may be altered or amended by a vote of two-thirds of the members of the Institute present at any regular annual meeting, provided that notice of such alteration or amendment shall have been given in writing at a previous meeting of the Institute.

BY-LAWS.

ARTICLE I.—*Meetings.*

This Institute shall hold at least one session each year, at such time and place as may be determined upon from time to time by the Board of Trustees.

ARTICLE II.—*Election of Officers.*

SECTION I. The Officers shall be elected by ballot from the membership of the Institute, the President, the First and Second Vice-Presidents, for the term of one year. They shall enter upon their respective duties September 26 of each year, which date shall be known as Incorporation Day. No one shall be eligible to the office of President until he has been a member at least ten years, or to any other elective office until he has been a member five years. The Secretary, Treasurer and Registrar shall be elected for the term of three years. At the annual meeting in 1909 there shall be elected nine (9) Trustees, *three* (3) of whom shall be elected for *three* years, *three* for *two* years, and *three* for *one* year, and thereafter three shall be elected at each annual meeting for the term of three years.

SECTION 2. A special meeting of the Institute may be called by the President, or in the event of the disability of the President by a Vice-President, or by a quorum of the Board of Trustees, two weeks' notice in advance having been given.

ARTICLE III.—*Duties of Officers.*

SECTION I. The President shall preside at the meetings of the Institute and perform the duties usually pertaining to his office, together with such other duties as may by vote of the Institute devolve upon him. He shall sign all certificates of membership. He shall deliver an address at the opening of each session; make such suggestions as he may deem necessary for the Institute to act upon during the session; and in his address may consider any subject relating to medical science.

SECTION 2. The Vice-Presidents, in their order, shall perform the duties of the President in his absence or disability.

SECTION 3. The Board of Trustees shall have power to perform all the duties provided in Article III of the Constitution, shall arrange the business of the session and such matters as are not otherwise provided for, and perform such duties as by vote of the Institute may devolve upon it. It shall have power temporarily to fill any vacancies occurring among the elective officers.

SECTION 4. The Secretary shall keep a record of the proceedings of the meetings, conduct the correspondence of the Institute, issue notice of meetings, notify members of their election, sign certificates and perform such duties as the Institute and Board of Trustees may direct. It shall further be the duty of the Secretary to send to each Homœopathic journal which requests the same, within two weeks after the adjournment at the annual meeting, a list of the officers for the ensuing year, together with a list of the officers of the sectional societies.

SECTION 5. It shall be the special duty of the Secretary to make or provide stenographic reports of all scientific discussions of the Institute and of its bureaus, and of all Standing Committees. He shall send copies of these scientific discussions for revision and correction to their authors, respectively, who shall be required to return them within one week after their reception, for publication in the Transactions or in the Journal. If not so returned, the original record shall be used by the Secretary. The compensation and necessary expenses connected with such reports shall be paid by the Treasurer upon presentation and approval of the certified accounts.

The Secretary shall be paid an annual salary of $1,000.

SECTION 6. The Treasurer shall receive all moneys belonging to the Institute and make all disbursements under the direction of the Board of Trustees, except as directly ordered by a vote of the Institute. The expenses of the Treasurer in attending the meetings of the Institute shall be paid by the Institute. He shall furnish at each annual meeting a written report of the finances of the Institute, which report shall be audited by a committee appointed by the President.

SECTION 7. The Registrar shall attend to the registration of members, delegates, accredited visitors and recognized exhibitors present at the annual sessions, the preparation of a daily roster, and the distribution of the appropriate badges to members and visitors. He shall make a full report to the Secretary at the close of the annual meeting.

ARTICLE IV.—*Censors.*

SECTION I. The Board of Censors shall consist of the President, Secretary and Treasurer, ex-officio, and five members. One member of said Board shall be elected by ballot at each annual session, to serve for five years from the date of his election, and the entire Board shall be constructively in session during the year.

SECTION 2. They shall be empowered to receive applications for membership at any time, and after publishing the same in each issue of the Journal of the American Institute of Homœopathy for one month shall be empowered to elect by unanimous vote of said Board such applicants to membership in the Institute, with all the privileges pertaining thereto from the date of such election. The Board of Censors as at present constituted in the American Institute of Homœopathy unincorporated, shall hold office until the expiration of their terms.

The names of members who have been elected by the Board of Censors during the interim following the preceding meeting of the Institute shall be announced in open session on the first day of the meeting.

ARTICLE V.—*Membership.*

SECTION I. The membership of the Institute shall be composed of those meeting the requirements as set forth in Article II of the Constitution. Certificates of membership in a recognized state society of the state in which the applicant resides shall be accepted in lieu of the initiation fee of two dollars hereinafter provided for. If found qualified, the candidate may be elected a member in the manner provided for in Article IV of the By-Laws or at any regular meeting of the Institute, the name of said candidate having been presented by the Board of Censors before the last day of the regular session. The Board of Censors having

before it the application of the proposed member containing a certificate signed by three members of the Institute, one of whom has personal acquaintance with the applicant, which certificate shall show that the applicant has pursued his regular course of medical studies according to the requirements of the existing institutions of the country; that he is eligible for membership in the state society of the state in which he resides; that he sustains a good moral character and professional standing and is legally qualified to practice medicine in the state where he resides. No person shall be considered a member, however, until he has either presented a certificate of membership from the secretary of his state society or paid an admission fee of two dollars and the annual dues which shall entitle him to certificate of membership in the Institute.

SECTION 2. Members shall pay annually the sum of three dollars toward defraying the expenses of the Institute and may pay two dollars for the subscription to the Journal of the Institute. The Transactions of the Institute shall be sent to those members only who have paid their dues. The Journal shall be sent to those members of the Institute only who have paid their subscriptions.

SECTION 3. Members neglecting the payment of dues for three years after proper notification from the Treasurer, may have their names dropped from the roll of membership. Any person thus suspended shall on recommendation of the Board of Censors have the privilege of reinstatement by paying all arrearages.

SECTION 4. All members of the Institute who have maintained twenty-five consecutive years' membership in the American Institute of Homœopathy unincorporated shall be considered senior members and be exempt from annual dues, and the same designation and exemption from dues shall be accorded to others whose term of membership in the incorporated body added to the number of years of membership in the American Institute of Homœopathy unincorporated shall amount to twenty-five years in good standing, and to honorary members as heretofore or hereinafter provided.

SECTION 5. The Board of Trustees shall be authorized to remit, *sub silentia*, the dues of those who for ten years have been in good membership and have paid their dues during that time, provided that such members are unable to continue the payment of their annual dues.

SECTION 6. Any foreign physician may be elected a Corresponding Member of the Institute at any annual meeting on recommendation of the Board of Censors, and shall have all the privileges of members, except voting and eligibility to office.

SECTION 7. The Institute may at any annual meeting elect as Honorary Members, not to exceed five in one year, any foreign physicians who may be judged worthy from their superior attainments in medicine; provided, that the names of persons proposed for Honorary Membership shall have been presented at a previous annual meeting. Such Honorary Membership shall have all the privileges of members except voting and eligibility to office.

SECTION 8. The Institute may at any annual meeting elect as Honorary Associate Members, not to exceed three in one year, any persons not members of the medical profession who have been in any way of special service to science and humanity, and particularly those who have been special patrons of Homœopathy, and said Honorary Associate Members shall have all the privileges of Honorary Members.

SECTION 9. Any physician properly accredited as a delegate shall be admitted during the session of the Institute to all the privileges of members, except voting and eligibility to office, on the following basis:

First.—From every association composed of more than fifty members from different states two delegates, with an additional delegate for every twenty members.

Second.—From every state society two delegates, with an additional delegate for every twenty members.

Third.—From every county or local society one delegate.

Fourth.—From every hospital, asylum for the insane, or dispensary actually established one delegate.

Fifth.—From every medical journal established one delegate.

Sixth.—From every college associated with the Institute two delegates: said delegates to constitute the Intercollegiate Committee of the Institute.

ARTICLE VI.—*Bureaus.*

SECTION 1. The following bureaus shall be appointed as hereinafter provided for:

A—Materia Medica and General Therapeutics.
B—Clinical Medicine and Pathology.
C—Homœopathy.
D—Paedology.
E—Sanitary Science and Public Health.
F—Dermatology and Genito-Urinary Diseases.

SECTION 2. Each of these bureaus shall consist of not less than five members

SECTION 3. The Chairman of each bureau, as soon as possible after appointment, shall select his associates and complete the organization of his bureau by the appointment of a Secretary. He shall, within one month after his appointment send to the Secretary of the Institute a list of the members of his bureau. In case of failure to comply with the provisions of this section, the President is authorized to appoint another chairman. And the Presidents of the sectional societies shall also conform to the requirements laid upon the Chairmen of bureaus in the matter of making report to the Secretary of the Institute.

SECTION 4. No member shall be appointed to more than one bureau in one year. If any member's name occurs in more than one bureau he shall be notified by the Secretary of the Institute to elect the one to which he wishes to be assigned. No Chairman shall serve as such two successive years.

SECTION 5. Vacancies occuring in any bureau may be filled by the Chairman, who shall give immediate notice thereof to the Secretary of the Institute.

SECTION 6. The Institute shall recognize the following sectional societies as part of its body:

(a) The Surgical and Gynæcological Society of the American Institute of Homœopathy.

(b) The Obstetrical Society of the American Institute of Homœopathy.

(c) The Society of Neurology and Psychiatrics of the American Institute of Homœopathy; and such other societies as may be formed from time to time, under the rules and regulations of the Institute.

SECTION 7. Each sectional society shall perfect its own organization, make its own constitution and by-laws, elect its own officers and conduct its own deliberations. It shall have self-government so far as its organization and conduct of its affairs are concerned, but shall be strictly under the rule of the Institute in all matters of publication and other requirements of general welfare.

SECTION 8. The meetings of the sectional societies shall be held annually at the same place and time as the Institute, but shall not conflict with the business sessions or approved program of the Institute except as permitted by special action of the Institute.

SECTION 9. The President of each sectional society shall present to the General Session from time to time such matters as may be of general interest to the profession.

SECTION 10. No constitution or by-laws of any sectional society shall in any manner conflict with the Constitution and By-Laws of the Institute.

ARTICLE VII.—*Committees.*

SECTION I. (a) Organization, Registration and Statistics.
(b) Interstate Committee.
(c) International Committee of Homœopathy.
(d) Intercollegiate Committee.
(e) Hahnemann Monument Committee.
(f) Pharmacopoeia.
(g) Council on Medical Education.
(h) Resolutions.
(j) The Press Committee.
(k) The Committee on Transportation.

SECTION 2. Committee (a) shall consist of five members, of which the Treasurer shall be chairman, ex-officio, and the Registrar a member. Its duties shall be to collect and publish in the Transactions, statistics of all organizations availing themselves of the advantages of Homœopathy or having as their objects the promulgation of its interests.

Committee (b) shall consist of two members from each state, to be appointed by the respective state societies, provided such appointees are members of the Institute. To this Committee shall be referred all questions pertaining to medical legislation or to the general policy of the Institute as it relates to the promulgation of the interests of the organization or to the School of Homœopathy. Said delegates shall be appointed for a term of four years, and shall hold office until their successors have been appointed. Each state society shall also appoint one or more alternates. The officers of the Interstate Committee shall consist of a Chairman and Secretary, to be elected annually by the Committee. The duties of the Interstate Committee shall be as follows: First, to consider and report upon such questions as relate to the general policy of the School as shall be referred to it by the Institute; second, this Committee shall, through its Secretary, inform the secretaries of all Homœopathic societies and institutions of the existence and purposes of this Committee; third, this Committee shall furnish all state societies blank forms of credentials for certifying delegates to this Committee; fourth, this Committee shall furnish written annual reports; fifth, the duties of the delegates shall be defined by this Committee.

Committee (c) shall consist of five members, whose duties shall be to collect

all statistics relating to the growth of medical societies and institutions in foreign countries and form such affiliations as shall be of interest to the school at large, and report the results of their work with such recommendations as they deem fit to the Institute.

Committee (d) shall consist of two delegates to be appointed from colleges recognized by the Institute, and members of their faculties. This committee shall appoint its own Chairman. Its duties shall be to maintain such standards of education as shall meet the approval of the Institute, and report concerning the same at each session, together with the curriculum approved and the preliminary education demanded, the names of students enrolled, with such recommendations and suggestions as they may deem proper to make.

Committee (e) shall consist of five members, one of whom shall be a resident of Washington, D. C., whose duties shall be to look after the welfare of the Hahnemann Monument located in Washington, care for and regard its preservation, and, if necessary at any time, to insure its restoration.

Committee (f) shall consist of not less than five members.

Council on Medical Education (g) shall consist of five members, one to serve five, one four, one three, one two, and one one year, respectively, and thereafter one member appointed each year to serve five years. The duties of this Council shall be in the direction of classifying and elevating the standard of medical education, to protect the interests of Homœopathic colleges, to confer with and to work along the same lines as the Council on Medical Education of the American Medical Association, also the Association of American Medical Colleges and the Intercollegiate Committee of the American Institute; and to report annually to this body.

Committee on Resolutions (h) shall consist of five members, one to serve five, one four, one three, one two and one one year, respectively, and thereafter one member appointed each year to serve five years.

Press Committee (j) shall consist of three members to be appointed one for three years, one for two years, and one for one year, respectively, and thereafter one member to be appointed each year to serve for three years.

Committee on Transportation (k) shall consist of three members to be appointed one for three years, one for two years, and one for one year, respectively, and thereafter one member to be appointed each year to serve for three years.

SECTION 3. The President shall on September 26th, the day of his inauguration, forward to the Secretary the names of the chairman of the bureaux and the standing committees not otherwise provided for, who shall serve during his administration.

SECTION 4. All committees or members appointed to perform any special work under the authority of this Institute shall serve without compensation, unless otherwise specifically ordered.

ARTICLE VIII.—*Committee on Publications.*

SECTION I. The Committee on Publications shall consist of three members of the Institute, to be appointed annually by the Board of Trustees, whose duty shall be to pass upon all papers or reports presented to the Institute, and the decision of such Committee as to the publication of papers or reports shall be final.

SECTION 2. No report or paper referred to Committee on Publication shall be rejected except with the formal concurrence of a majority of said Committee. All papers so rejected shall be returned to their authors by the Secretary.

SECTION 3. The Transactions of the Institute shall be issued by the Secretary, under the direction of the Committee on Publication, as instructed by the Board of Trustees, and copies shall be delivered to those entitled to them without individual expense. The Transactions of the Institute, consisting of the minutes of the business sessions of the Institute, and allied sectional societies, together with the reports of the officers and standing committees, the lists of senior members arranged according to their years of membership, and alphabetical list of members, including a list of senior members, in capitals, and a list of members classified by states. A complete list of members of the Institute from its organization and its code of ethics shall be added every three years.

SECTION 4. The Secretary shall furnish editorial copies of the Transactions to such Homœopathic journals as are sent to the Institute in exchange, and to other selected journals.

SECTION 5. The Secretary shall send copies of the Statistical Reports to all hospitals and dispensaries that make reports to the Committee on Organization, Registration and Statistics.

ARTICLE IX.—*Educational Standards.*

The standards of preliminary and medical education of the American Institute of Homœopathy shall be as follows:

At least a four years' graded High School course as a preliminary educational requirement and a medical course of not less than four thousand three hundred hours in four separate calendar years of not less than eight months each in actual didactic, clinical and laboratory work in a medical college or colleges recognized by the Institute. Such course to consist of a thorough training in anatomy and its subdivisions, Dissecting, Histology, Embryology, Topographical Anatomy, etc.; Physiology and Chemistry as applied to medicine: Pathology, including Bacteriology, Toxicology and Therapeutics: the Practice of Medicine, including Medical and Physical Diagnosis; Neurology, Insanity, Pediatrics, Hydro and Electro Therapy; Surgery and all its branches; Obstetrics, Gynæcology; Eye, Ear, Nose and Throat Diseases: Dermatology, Hygiene and Medical Jurisprudence.

Such changes as are demanded by the progress of medical science shall be considered by the Intercollegiate Committee and submitted to the Institute for approval and adoption.

ARTICLE X.—*Rules of Order.*

SECTION 1. The names and residences of applicants for membership shall be announced in alphabetical order by the Board of Censors in open session, at least six hours before their election is voted upon.

SECTION 2. The report of the Necrologist shall be presented in connection with the report of the Committee on Memorial Service.

SECTION 3. The time allotted to any committee for the presentation of its report shall not exceed fifteen minutes. No report shall be received from any committee except in writing.

SECTION 4. No report or paper shall be received by the Institute in an incomplete or unfinished condition, and no paper shall be published in the Transactions, or in the Journal which has been published previous to its presentation to the Institute, or which is not handed to the Secretary before the close of the session.

SECTION 5. Meetings of the bureaus may be held at the call of their Chairmen. provided such meetings be not held during the sittings of the Institute, nor during the meetings of the other bureaus, except as provided in the adopted Order of Business.

SECTION 6. In all discussions no speaker shall be allowed more than five minutes, nor to speak more than once upon the same subject, except by vote of consent taken in the usual manner.

SECTION 7. At the conclusion of the work of each bureau its Chairman shall hand to the Secretary its reports, addresses and papers, which shall remain in his hands until the Transactions are printed.

SECTION 8. The election of officers for the ensuing year shall take place on the second morning of the session, at 10 A. M., Sunday excepted. The nominations shall be made on the first morning of the session, and any person receiving the indorsement of ten members shall be considered a nominee, provided no indorser's name appear on more than one paper for that office. If no nomination papers are handed in, it shall be the duty of the Board of Trustees to see that at least one paper shall be prepared for each of the elective officers. No nomination shall be considered after the President has declared the nomination closed. These papers shall immediately be placed in charge of a special committee of three, to be appointed by the President, to which shall be added the Treasurer and Registrar, ex-officio The duties of the committee shall be, first, to prepare an official ballot, on which the names of all nominees shall be placed in alphabetical order for the office to which they are nominated; second to take general charge of the election, which shall occur on the second morning of the Institute session, excepting Sunday, at 10 A. M., the polls to be open two hours, and in such manner as not to interfere with the general work of the session; third, in conjunction with the Secretary and the Treasurer, to prepare a roster of members in good standing, which shall be used as a check list and ultimate judge as to voting and qualifications of members. Upon declaration of the result, should no election be had for any office, the Institute shall elect from two candidates receiving the highest number of votes which person it prefers. Members shall vote by the method known as the Australian system, *i.e.*, putting a cross-mark opposite the name of the person voted for. Should more marks be placed than the office calls for, such ballot shall be invalidated, so far as that particular office is concerned. The inspectors of election shall report when and as the Institute may direct.

SECTION 9. The determination of the next place of meeting shall take place as follows: All invitations for places of meeting shall be forwarded to the Board of Trustees at least ninety days before the date of the annual session, whereupon the Board shall investigate the various places, with reference to accommodations, hotel rates, railroad facilities, and obtain all necessary information. The Board's report shall be made to the Institute, when the location has been determined.

Article XI.

All complaints relating to violations of the Code of Ethics for the Institute shall be referred to the Senate of Seniors for consideration and adjustment, and its decision shall be final, without further action of the Institute, except in such cases as require disciplinary action, when the Senate shall report to the Institute, with recommendations.

Questions in dispute, having a bearing upon the general good of Homœopathy, shall be referred to the Interstate Committee for consideration and report.

Article XII—*Amendments.*

These By-Laws may be altered or amended by a vote of two-thirds of the members of the Institute present at any session of the annual meeting, provided that notice of such alteration or amendment shall have been given at the previous annual meeting. They may be suspended at any session of the annual meeting by a two-thirds vote of the members present.

STANDING RESOLUTIONS.

1. *Resolved,* That the American Institute of Homœopathy does not necessarily indorse the doctrine contained in the reports of committees by accepting and publishing such reports with the Proceedings. (Adopted June 4, 1867.)

2. *Resolved,* That this Institute condemns the action of any college which graduates an unsuccessful candidate from another college, unless he attends at least one full course of lectures at the college where he applies for a degree. (Adopted June 30, 1886.)

3. *Resolved,* That the Committee on Local Arrangements be instructed to respect the working hours of the Institute session, and to make no provisions for entertainment of the members except during the intermission of the session. (Adopted June 20, 1890.)

4. *Resolved,* That while the Intercollegiate Committee of the American Institute of Homœopathy would regard with favor any movement looking to the establishment of chairs of Homœopathic Therapeutics or Materia Medica in any college or university in which such chairs do not now exist, it would most unqualifiedly condemn any movement to transfer any existing Homœopathic institution to any old-school college in a manner which involves the surrender of its distinctive name, and under conditions which do not secure the recognition of distinctive chairs of Homœopathy. (Adopted June 20, 1894.)

5. *Resolved,* That the Executive Committee of the American Institute of Homœopathy be the Committee of Arrangements, with a local auxiliary committee, in order that the officers of the Institute may control the important matters connected with the meeting. (Adopted June 2, 1898.)

The Journal

OF THE

American Institute of Homœopathy

PUBLISHED MONTHLY BY

The Board of Trustees

J. RICHEY HORNER, A. M., M. D. . . . . Editor

JOURNAL COMMITTEE

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J. RICHEY HORNER, M. D.

The Institute must not be held to endorse opinions or views expressed in papers or discussions, by reason of their being published in its official Journal.

All communications, books for review and exchanges should be sent to the office of the editor, 659 Rose Building, Cleveland, Ohio.

Vol. V **JUNE, 1913** **No. 12**

THE LAST CALL FOR DENVER.

"All things are ready. Come to the feast."

Primarily and essentially the meetings of the Institute are for the advancement of science. A large part of the program is devoted to that which particularly pertains to Homœopathy. It has been a source of great satisfaction to notice in the scientific work of the past few sessions distinct evidence that homœopathic physicians are fully abreast with the advance of the modern trend of medicine in all its parts. In our school much research work has been done and is being done and our workers are contributing their share towards making history. In the laboratories of our school men and women are investigating disease and adding their full quota to the present day science of preventive medicine.

The program, as published in this issue, shows that this year is to be no exception to the standard set and that it will show results which are most gratifying to all. The papers scheduled give promise of a meeting which will be full of interest and profit so that all who attend may carry home with them that which will prove of help in the further work of their profession.

In addition to this phase of the session is that which concerns particularly the business of the Institute. Differing from its history of a decade ago, the business of the Institute requires two sessions each year. Not of small importance is the December meeting of the Trustees, at which are considered all matters of the school which have to do with its preservation and growth. The meetings held by the Trustees during the annual Institute

sessions are full to overflowing with discussions and plans which mean activity along all lines, especially in planning for the future. Here the general legislation of the Institute body is considered and its instructions are considered with a view to so correlate them as to bring about definite results. The Trustees are the agents of the entire body politic of the school and between the annual sessions of the Institute represent it and keep all the component parts of the organization in constant activity.

A very important factor in the Institute work is the Council of Medical Education. Hampered during the past two or three years by the lack of funds, it has undertaken to provide for its work by collecting money with which to meet its wants. As is shown elsewhere in these columns, this effort is meeting with unqualified success. The profession is coming forward gladly and contributing liberally to the fund sought. It is eminently fitting that every homœopathic physician should have a part in meeting the needs of the times and the present need is the broader dissemination of the principles to which we subscribe. The small sum asked each year is as nothing, but giving it we will feel that we have a part in carrying on the work. Rarely does a personal solicitation meet a rebuff, while the neglect to respond to a letter of solicitation is most often indicative of the habit into which too many of us fall of simply putting off to a more convenient time the doing of that which we really want to do. No real opposition to the plan is being met. We may expect from the Council a most encouraging report of their progress with definite outlines of their plans for utilizing the funds which have been placed in their care.

Of great importance, also, will be the report of the Special Committee on National Legislation. This committee has been keeping in touch with Congressional movements and is fully aware of proposed legislation by that body. As Senate Bill, Number One, the Owens bill has again been introduced and it is being watched with great solicitude. It has again been modified and aims to meet the many objections aimed against former bills. Whether it does or not we will learn from our committee.

We hope that there may be definite reports from the various states concerning their activities. California ought to have a report as ought also Iowa, Illinois, Pennsylvania and other states. All have been active in warfare and we should know the results of the battles.

The newly formed College Alliance of the Institute is another source from which we may expect aggressive action. Its officers will have something of interest to report. They are planning to do things.

Aside from these features of the meeting of the Institute is that which to a very great many who attend is more than an ordinary item. This is the holiday part. There are many of us who do not get any vacation except that which is taken in connection with

our attendance at the Institute meetings. To these we have to say that never before in the history of Institute meetings have opportunities for this happiness been excelled and only at the California meeting have they been equaled. The booklet which the railroads have sent out tells you all about it. And, by the way, perhaps, the members are not aware that the reading matter in that booklet comes from the pen of the versatile chairman of the Transportation Committee. Dr. Fisher has surely made a record for himself in his labors for the promotion of this meeting. In just about every journal of our school one can pick up, can be found something he has written about this coming meeting and, as a climax to all these letters, comes this book, which is, by all odds, the finest thing from his pen which we have ever seen. We congratulate him on it.

Studying its pages we can get only a glimpse of the glories which await the lover of nature and the admirer of her wonders. To say that you have been there is absolutely no reason why you should not go again this year, dear reader. One or two or three or many visits do not exhaust Colorado's wonders. The residents up there say that every day one can see something new. Sunrise never is the same on two successive mornings and by the same token neither is sunset on two successive evenings. So you can get it coming and going. To those who were there in '94 we would say that you have a new world to explore if you have not been there since. If only to see how progressive those westerners are, you should go. They have made big strides throughout the whole west and nowhere is this more apparent than in this silver and gold state.

So we feel more than the usual enthusiasm in urging attendance at the Institute this year. The call is for evidence of your loyalty and your belief in the permanency of your school of medicine and you can give these evidences in no better way than by taking part in the deliberations of the official representative body of that school. So we urge you to come.

THE BOARD OF TRUSTEES.

A stated meeting of the Board of Trustees of the American Institute of Homœopathy will be held Monday, July 7, 1913, in its headquarters, the New Albany Hotel, Denver, Colorado. Later advice as to the exact hour of this meeting will be given members of the Board.

By order of the President.

J. Richey Horner, *Secretary*.

NEW MEMBERS.

Note, if you please, the long list of applications for membership in the Institute published in this issue. It really seems that Chairman Wood's committee are beginning to get results and remember that this is only the beginning. The hundred or so names which have already been presented to the Censors is only a circmstance to what is coming. Not more than half of the committee have reported, and when the other half send in their returns there ought to be a big boost in the figures.

To us it seems that there is every reason why a homœopathic physician should be a member of the Institute, and absolutely no reason why he should not. Read the ten reasons Dr. Wood gives for joining the Institute. They are a part of the program in this issue and are worth reading and memorizing.

We are sending out seventy-five hundred copies of this June number, and every homœopathic physician west of the New York-Pennsylvania line should receive a copy. Here are the names of the men who form Dr. Wood's Committee on New Members:

Dr. J. B. Gregg Custis, 912 15th Street, Washington, D. C.
Dr. Benjamin F. Bailey, 141 South 12th Street, Lincoln, Neb.
Dr. Joseph P. Cobb, 4649 Woodlawn Avenue, Chicago, Illinois.
Dr. J. M. Lee, Rochester, New York.
Dr. George Royal, Good Block, Des Moines, Iowa.
Dr. O. S. Runnels, 1100 N. Meridian Street, Indianapolis, Ind.
Dr. A. C. Cowperthwaite, Rainier, Oregon.
Dr. C. E. Walton, cor. Eighth and Johns Streets, Cincinnati, O.
Dr. Wesley H. Ketchum, Dalton Building, Hopkinsville, Ky.
Dr. T. H. Carmichael, 7127 Germantown Avenue, Philadelphia, Pa.
Dr. James B. Brown, Wyoming Building, Denver, Colorado.
Dr. J. P. Sutherland, 295 Commonwealth Avenue, Boston, Mass.
Dr. R. S. Copeland, 58 Central Park, West, New York.
Dr. W. D. Foster, 522 Altman Bldg., Kansas City, Missouri.
Dr. James W. Ward, 391 Sutter Street, San Francisco, Cal.
Dr. Henry R. Stout, 105 E. Monroe Street, Jacksonville, Fla.
Dr. W. B. Hinsdale, Ann Arbor, Michigan.
Dr. Eugene L. Mann, Lowry Building, St. Paul, Minn.
Dr. Milton Rice, Matthews Building, Milwaukee.
Dr. Wm. Sherman Connett, Mendelson Block, Raton, New Mexico.
Dr. Edward Harper, 702 Macheca Building, New Orleans, La.
Dr. A. R. Griffith, 221 Peel Street, Montreal, Canada.
Dr. Edwin P. Howell, 414 Beatty Building, Houston, Texas.
Dr. J. H. McClelland, 5th and Wilkins Aves., Pittsburgh, Pa.

Every one of them has a supply of blank applications for membership, and at least one of them ought to be within easy reach

of every man and woman who receives a copy of the JOURNAL. It will be easy to get in touch with that one.

Don't forget that the entire cost of joining the Institute and receiving its official JOURNAL for a year is only two dollars. It will be worth many times that sum to get in close relationship with the men and women of the profession who are doing things worth while in your school of medicine. Do it now!

CALIFORNIA TRIUMPHANT.

Just as we go to press comes a note from former President Ward which tells of the victory in his state. In spite of all opposition the fight has been won and California has emerged from under the domination of the A. M. A., a domination which has been about the only factor in the making not only of the medical laws of the state, but the rules which guided the actions of the board which these laws created.

We noted in these columns of the May issue that the fight was on, and that only the immense number of bills "in the hopper" might prevent the consideration before the House of the bill which had been presented by Dr. Ward and his associates. However, the bill was forced out of committee and put upon its passage with the result that it won out and is now the law of the state. Dr. Ward in the note received May 23 says: "I am glad to say to you that California now has a new medical law and that it is completely out of the power of the A. M. A. Its fixed standard for premedical education is the California High School or its equivalent. So this is worth all of the fight and all of the struggle. Please say to the other states, 'Go thou and do likewise?'"

Perhaps it may be recalled that in the above quoted editorial the writer urged state societies to get into the fight. Certain of them are carrying large balances of cash over from year to year and there is no better way in which this surplus could be used than in testing the rights of state medical boards and in going before legislatures fighting for fair play to all schools of medicine. With the fund now in its treasury Massachusetts could take care of the legal interests of the entire New England states, and she ought to. Illinois is making a good fight. Ohio has nearly a thousand dollars in her state society treasury, and has been doing some good work but not enough, or she would not have so much loose cash.

So we might go on talking about individual states and what they might do, but it is the general thought which we wish to impress upon the members of the Institute, and that is that everything is possible of accomplishment if only we try. Too long we have been lying upon our backs letting the old school trample us in the dust. The thing to do is to get up and go after the laws which place medical legislation absolutely in the hands of the

coterie which has in its possession the destiny of the A. M. A. and its allied organizations. Follow the lead of Illinois, California and Iowa.

A WORD TO OUR PHARMACISTS.

At a meeting of the Denver and Colorado physicians, held at the Albany Hotel in Denver a few nights ago, the chairman of the Committee on Exhibits made a very excellent report of the engagement of space in the exhibitors' department for the approaching meeting of the Institute, but lamented the indifference of the homœopathic pharmacists and their apparent unwillingness to take space for the exhibiton of homœopathc medicines, books and supplies. Up to that time but one pharmacy had made reservation, at among the lowest figures to be paid by any of the exhibitors.

The feeling was general that this is wrong. The drug houses, serotherapy chemists, vaccine manufacturers and proprietary food houses have responded liberally and negotiated for many of the more attractive and more expensive spaces. This is quite natural, as their sales for any given twelve month will far exceed and many times multiply those of any manufacturer of strictly homœopathic medicines and supplies. Nevertheless, it was the unanimous opinion of those who heard that report that our homœopathic pharmacies are not awake to their opportunities. Especially is it true that homœopathic physicians in outlying territory expect to be able to inspect the medicines and publications of the homœopathic profession at Institute and important state meetings. It is a genuine disappointment when they are deprived of this privilege. Allopathic and promiscuous drug and proprietary houses are very diligent in seeking our custom, and unless the pharmacies meet their activities they are sure to lose the interest and patronage of the homœopathic profession. It is just as essential to homœopathic perpetuity and success that our practitioners shall keep pretty close to the homœopathic pharmacists and their products as that they shall study in homœopathic colleges and read homœopathic books and journals. If the pharmacists do not give them this opportunity at all our important medical gatherings the blame will not rest wholly with the profession if we drift away from the products of the homœopathic pharmacy.

Perhaps with some justice the pharmacist will aver that he never sells enough at these meetings to pay him to buy space, take a stock with him and pay the expense of its exhibition. But the same argument applies to the physician. None of us get any trade or practice at the meetings. But we gain a great deal in practical knowledge, learn much from each other, and greatly enjoy the benefits arising from the association. Is not all this also true for the pharmacists? It is believed it is, also that the complaint of the Denver committee is just, and that our pharmacists will make a mistake if they fail in doing a full part toward

the expense and enjoyments of the Institute meetings. Come and be a part of the Institute this year, all of you! We need you, and throughout the year you certainly need us.

C. E. Fisher.

THE PROPAGANDISTIC FUND.

We have to report that on the middle of the month of May the total amount of pledges to this fund is $6,154.00, while $1,438.65 have been actually collected and deposited with the treasurer of the Institute. Needless to say there is in the minds of all of us no doubt as to the ultimate success of raising this amount to $10,000, and we are sure also that this will be done before the meeting of the Board of Trustees in December. The need for the funds has been emphasized in all possible ways and with that comes the definite assurance from the Board of Trustees that the fund will be husbanded, wisely expended, and economically handled. The field is ripening for the harvest and the only requisite at present is the means to hire the workers to reap it.

GENERAL NEWS NOTES

ARKANSAS.

The State Homœopathic Medical Society held its meeting in Little Rock May 13th. Two recent accessions to homœopathic ranks in the State were admitted to membership, Dr. L. C. Willis and Dr. Scott C. Runnels, both of Little Rock. Dr. Runnels, who was formerly located in Indianapolis, associated with his father, the well-known Dr. O. S. Runnels, has moved to Little Rock to take up the practice of the late Dr. W. E. Green, formal notice to that effect having been mailed the profession by Mrs. Green. Propagandistic work was taken up and discussed and each member of the Association present was urged to subscribe to the fund. There is a considerable amount of enthusiasm in regard to this work. The secretary, Dr. W. O. Forbes, who is registrar of the Institute, was requested to publish the fact that there are a number of splendid locations in the State. Such towns as Helena, Pine Bluff, Jonesboro, Camden, Hope, Newport, Brinkley and Forest City have no representatives of the homœopathic school, and all of them are good, wide-awake, progressive towns.

The following officers were elected for the ensuing year: Dr. W. B. Hughes, Little Rock, president; Dr. V. H. Hallman, Hot Springs, vice-president; Dr. G. M. Love, Rogers, treasurer; Dr. C. L. Menge, Little Rock, secretary.

The following tribute to the lamented Dr. Green was unanimously adopted by the society:

In view of the loss sustained by the Arkansas State Homœopathic Medical Association, in the passing from this life of our friend and associate, Dr. W. E. Green, and of the still more grievous loss sustained by those to whom he ministered and particularly those to whom he was nearest and dearest, we deem it eminently fitting that we publicly express our esteem and sincere regrets over the loss of so distinguished and devoted a co-worker; therefore, be it

Resolved: That it is a just tribute to the memory of the departed to say

that in regretting his removal from our midst we mourn for one who was in every way worthy of our regard and highest respect; we mourn for one who was the chief spirit in the organization of this association, its first president and constant supporter. We mourn for one who because of his broad and varied talents attained unusual skill and distinction, and because of this marked ability added dignity and strength to any association. We are saddened by the absence of Dr. Green, not only because we miss his illuminating influence on scientific topics, but particularly because of his humanity, his genial good fellowship and liberality.

Resolved: That we sincerely condole with the family and patrons of the deceased in the loss of so noble a husband and father, so able and distinguished a physician and surgeon, and so valuable a citizen.

CALIFORNIA.

The State Society held its annual meeting at Los Angeles May 14-15-16th, President W. J. Hawkes, Los Angeles, in the chair. The other officers are: First vice-president, C. L. Tisdale, M. D., Alameda; second vice-president, Mary M. Cronemiller, M. D., Sacramento; secretary, Guy E. Manning, M. D., San Francisco; treasurer, T. C. Low, M. D., Los Angeles.

The program devoted a page fittingly in memoriam to Hugo R. Arndt, M. D., San Francisco, Sixteenth President of the California State Homœopathic Medical Society, Field Secretary of the American Institute of Homœopathy; died January 2d, 1913.

Limitation of space forbids a review of the papers presented, but suffice it to say, they were fully up to the times and elicited good general discussion. A feature of the meeting was the entertainment offered by the men and women of Southern California. On the evening of the first day the Meissen of California were in evidence with an informal reception and general "good time," which, by the way, began at half past ten o'clock, and there is no telling when it ended. On the next afternoon the society had a real old-fashioned picnic, except instead of going in farm wagons they went in automobiles to Griffith Park, and this was followed by a spin which exceeded the speed laws in its tortuous course through the environs of Los Angeles. At 8 o'clock that evening a formal banquet was given by the members of the southern part of the State to the visiting members and the many guests of that city. Taken all in all the meeting was one which will be long remembered, not only because of the evidence presented that California Homœopathy is active, but because of the general good fellowship which was in evidence.

COLORADO.

The most important news note in Colorado is to the effect that the profession in Denver is hard at work in their efforts which are bound to be successful to provide for the needs of the Institute in so far as arrangements for its formal session are concerned and the wants of the Institute in providing for the desire of the members to make this Colorado visit one of unalloyed pleasure, a vacation they will never forget. The local organization of business men is coming to the front with substantial contributions to aid in the expense for entertainment. The committee on exhibits reports a large demand for space. The current *Critique* announce an excursion on the "Moffat" Line which will be a wonder. The trips along the Switzerland Trail and the Cripple Creek Short Line will be events not to be discounted by anything else offered; the run over to Colorado Springs with the visit to Manito, Gates of the Gods, up over the Crest, through the Palmer Lake Region, will be full of interest to all who have not been there, as well as to those who will make the trip

for the second or third time. And, "lest we forget," there is the University at Bowlder, which may be made the stopping point of a trip more than worth while; they say the sunrise up there is one of the wonders of the world.

We must not forget in our enthusiasm concerning the beauties of this centennial State that the Institute has business to transact. Many of its members have as a definite reason for attending the Institute meeting a presentation of a carefully prepared paper on some subject of interest and importance. It is gratifying to note that all the sessions of all the bureaus, affiliated societies and other organizations connected with the Institute will be held under the one roof. This will be so much more satisfactory than if members were compelled to go from one place to another searching for headquarters. Colorado says *Come*. The profession is ready and waiting and anxious to have you come.

DELAWARE.

The regular monthly meeting of the Homœopathic Medical Society of New Castle County will be held at the Board of Education rooms, Wilmington, May 9. Dr. H. R. Pennock will discuss "Infant Feeding." Dr. Julian LeDare is the acting secretary of this organization.

ILLINOIS.

Dr. Burton Haseltine, Chicago, president of the Illinois Homœopathic Association, appeared before the House Committee on Appropriations at Springfield April 8th to argue against an appropriation of $200,000 requested by the University of Illinois to support the College of Physicians and Surgeons for the next two years. The doctor took the position that the needs of the State were not for a State Medical College, but for a research institution, which should study diseases and contribute to the scientific knowledge concerning its prevention. He pointed out that the stock of the College of Physicians and Surgeons is held entirely by the college alumni and that the property, while it is worth anywhere from $180,000 to $300,000, is burdened by mortgages and bonds to the extent of $245,000, all of which are held by members of the faculty. He claimed that the State of Illinois has really more medical students than are needed, while as yet it has no institution devoted to the promoting of medical knowledge or the study of the prevention of disease.

INDIANA.

Dr. Scott C. Runnels, Indianapolis, has taken up the practice of the late Dr. W. E. Green, Little Rock, Ark., Having moved there about a month ago. Dr. Runnels is well fortified to enter into the surgical work of Little Rock through his long service in the private hospital of the Institute veteran, Dr. O. S. Runnels. In leaving Indianapolis Dr. Scott takes with him the good wishes of a multitude of patrons and other friends, who wish him success.

IOWA.

Overshadowing everything else in the homœopathic circles in this State is the great victory won from the Legislature in the re-establishment of the Homœopathic Department in the State University. The press says that the fight made for the adoption of this bill was the strongest put up before the Legislature during the entire session. There can be no question but that a tremendous credit is due the homœopathic profession

and that victory will have a decided influence in its uplift. We understand that, owing to the fact that two years of liberal arts work must precede the medical course, the good effect in regard to increase of number of students will not be manifest until that time goes by.

MICHIGAN.

The home of the Institute president is going to make a record in the matter of new members. Already a great number of applications have been sent to the office of the secretary and more are to follow. The Michigan doctors are making the canvass a personal matter because of their appreciation of the qualities of the dean of their college and in recognition of the work he has done for that institution during the sixteen years he has been at its head. When the round-up comes President Hinsdale will have no occasion to feel ashamed of the attitude towards him and his administration in the State of his adoption.

The regular monthly meeting of the Detroit Practitioner's Society was held Monday evening, April 21, at the Nurses' Home connected with the Grace Hospital. The essayists of the evening were Drs. W. H. Rogers, who discussed "Tuberculinum," and F. E. Thompson, who discussed "Pneumonia." The usual luncheon was served the members attending. Dr. Judson M. Griffin is president and Dr. L. F. Webb secretary.

Following the recent meeting of the Western New York Homœopathic Society at Rochester, April 11 Dr. John M. Lee gathered together at the Rochester Club all of the available alumni of the Homœopathic Department of Michigan University to meet three members of the Michigan faculty who had been attending the meeting. These were Drs. Dean W. Myers, C. B. Kinyon and Claude E. Burrett. Addresses were made by Drs. E. J. Bissell and Henry, of Syracuse; Dr. Chas. M. Hyde, of Buffalo, and others, all renewing their allegiance to their Alma Mater.

NEW JERSEY.

At the fifth annual meeting of the Atlantic City Homœopathic Club, held at Galen Hall April 15th, the guests of honor were Dr. J. B. Gregg Custis, Washington, D. C., and Dr. J. W. Hassler, New York City, N. Y. The meeting was very largely attended, as is always the case in these popular annual affairs. Dr. Custis in his paper made what he termed an effort to re-establish old friendships, discussing remedies which in the years gone by were much more utilized than they are at the present time, his particular point of discussion being concerning remedies having a definite action upon heart structure. Dr. Hassler discussed Intravenous Anæsthesia, a subject to which he has given a great deal of attention recently in connection with Dr. Wm. Francis Honan, a paper by these two having been recently published in the Institute JOURNAL. Dr. Hassler reports having used this method in 150 cases and having had uniformly good results. Both papers were very much appreciated by their auditors.

The spring meeting of the Mercer County Homœopathic Medical Society was held at Trenton, April 17th. The guest of honor was Dr. Geo. W. McKensie, Philadelphia, who discussed the "Complications of Acute Middle Ear Suppuration." Dr. C. Winfield Perkins, Princeton, took for his subject "Fractures and Dislocations," with special reference to those occurring among athletes. Dr. Perkins illustrated his paper with numerous stereopticon X-Ray slides. It was extremely interesting and instructive.

Dr. B. H. B. Sleght, Newark, N. J., has removed his office and residence to 644 Clinton Ave., where he is having his established hours.

Montclair will be the mecca for the annual pilgrimage of the members of the New Jersey State Homœopathic Medical Society this year, and the

week-end of May 8 will bring together some of the brightest medical men of the State at the quiet, elegant and far-famed hostelry, the Hotel Montclair. The importance and seriousness of the problems to be considered and discussed at this convention will no doubt interest every doctor allied to this creed of the medical profession, and an unusually large attendance is anticipated for this interesting yearly event.

The officers of the society for this year are: President, Frank P. Ekings, Paterson; first vice-president, Alfred W. Westney, Atlantic City; second vice-president, Charles H. Church, Newark; third vice-president, C. W. Perkins, Princeton; recording secretary, A. N. Atkinson, Trenton; corresponding secretary, Charles H. Hadley, Camden; treasurer, Llewellyn E. Hetrick, Newark.

NEW YORK.

The Fourth International Congress on School Hygiene will be held in Buffalo Aug. 25 and will be of particular interest in this department of social uplift work. The President of the United States is a patron of the Congress, while former President Eliot, of Harvard, is the presiding officer. Buffalo is going to the limit in the matter of entertainment, some $40,000 having been contributed to cover the expenses of the Congress. The sessions are open to all persons interested in school hygiene, who may join as regular active members, the only dues being $5.00. Applications for membership should be sent to Thos. A. Storey, College of the City of New York, New York City.

Dr. Irving Townsend announces his removal to 150 West 59th St., New York City. Office hours, 10 to 1. Specialty, nose and throat.

The alumni of the New York College in and about Utica bowled over with enthusiasm at the fourth annual meeting of their Alumni Association held at Hotel Utica April 18th. Twenty-six sat down to dinner, at conclusion of which Dr. C. E. Chase introduced as the guest of honor Dean Royal S. Copeland of their Alma Mater. Dr. Copeland called attention to the fact that next to Bellevue our college is the largest in the State and that extensive additions are being planned at the present time by the Board of Trustees. His address was extremely interesting, the press of the city saying of him: "Dr. Copeland is a live wire in the profession and has accomplished much good in the advancement of Homœopathy." So say we always. Dr. H. C. Schenck, New York, discussed "Sanitation in the Panama Canal Zone," his paper being the result of an extensive trip recently made, during which he paid particular attention to the sanitary conditions. He illustrated his address with stereopticon views of the hospital and also of the Canal Zone both before and after the Government had taken up the work of sanitation. Dr. C. E. Chase, Utica, is president and Dr. E. A. Gayde is its secretary.

The Yonkers Homœopathic Hospital participates in a "Welfare Show" May 8-9-10 in that city. The exhibition is on an extensive scale and includes booths, stereopticon views, demonstrations and lectures. Entrance to the exhibits and all entertainments will be free. A Baby Health Contest will be held, a money prize being given to the child having made the greatest gain during a specified time.

The Syracuse Homœopathic Hospital is active in its efforts to raise a fund for the building of a new nurses' home. A number of social entertainments have been given and society in that city is wonderfully interested in the affair.

The Western New York Homœopathic Medical Society held its annual meeting at the Rochester Club, Rochester, April 11, President H. W. Hoyt in the chair and Secretary I. R. Schley in full action. The program provided for a full scientific program during the afternoon followed in the evening by a banquet, at which Drs. Dean W. Myers, C. B. Kinyon and Claude A. Burrett, Ann Arbor, Mich., were on the program.

The Southern Tier Auxiliary of the New York Homœopathic College held its session at the public library, Binghamton, April 19. The guests of honor were Dr. Herbert D. Schenck, who spoke on Panama Sanitation, illustrating his subject with stereopticon slides. Dean R. S. Copeland, of the New York College, read a strong paper on "What Is Homœopathy?" The officers presiding were Dr. G. H. Jenkins, president, and Dr. Barnard Clauson, secretary.

OHIO.

The annual report of the Dispensary of the Cleveland Women's Hospital Association of 1910 shows a splendid activity of that organization. It has recently become incorporated with the idea of extending its work. Heretofore this has been entirely in the dispensary, but there is now a movement on foot to establish a hospital which will offer to women the care they so frequently need and especially to those who are unable to pay even ordinary fees, the effort of the officers being to stand midway between the Children's Hospital and the Maternity Hospital. As an organization the dispensary has been effective for thirty-five years, having started under the leadership of the late Dr. Myra K. Merrick. During practically this entire time Dr. Martha A. Canfield has been active, and associated with her from time to time have been the women physicians of Cleveland, all active and earnest in their unselfish efforts to better the women and children who have come under their care. At an expense of more than $5,000 the association has purchased a large double residence in a central portion of the city, which it is to remodel for use in its work.

The fortieth annual session of the Eastern Ohio Homœopathic Medical Society was held at Akron April 16th, the following program being presented: President's Remarks—Some Cases Cured by Homœopathy, Dr. C. C. Waltenbaugh, Canton; Raynaud's Disease—Case Report, Dr. A. A. Brooks, Orrville; Post-Operative Pneumonia, Dr. H. F. Biggar, Jr., Cleveland; A Homœopathic Research Hospital College, Dr. W. W. Dixon, Akron; The Doctor's Duty After the Flood, Dr. DeW. Robinson, Akron; A Few Interesting Cases, Dr. F. D. Smith, Cuyahoga Falls; How We Bring the Babies, Dr. E. H. Jewitt, Cleveland.

The attendance was good, the papers were instructive and interesting and the discussion of the same lively. The secretary of this active society is Geo. H. Irvin, Orville, Ohio.

The Cleveland Homœopathic Medical Society at its regular monthly meeting April 23d in the auditorium of the Cleveland-Pulte College presented the following program: Wassermann Technique, Dr. Josephine Danforth; Throat Complications of Influenza, Dr. Wm. Gregory; discussion, Dr. H. F. Staples. Dr. F. E. Bard, president; Dr. Gertrude K. Meck, secretary.

The State Society held its forty-ninth annual session at Marion May 13th-14th, under the presidency of Dr. Wm. A. Humphrey, Toledo. To say that it was an unbounded success is putting it very mildly. The proceedings from beginning to end were marked with an enthusiasm which augurs well for the future of Ohio Homœopathy. President Humphrey called the session to order, promptly introducing former Lieutenant Governor Harding, who welcomed the members to their annual session. Dr. Jas. C. Wood made a fitting response to this address, calling attention to the fact that since the last meeting the first vice-president of the society, Dr. A. S. Rosenberger, Covington, had passed away. He spoke of the advances recently made in the medical profession, particularly along the line of sanitation, physicians taking the broad view of conservation and preservation of health as well as its restoration. The treasurer in his report summarized the history of the last twelve years in so far as its record of membership was concerned. During this time 334 new members had been admitted, while 175 had been dropped, leaving a net gain

of 129. He recommended that all homœopathic physicians receiving a license from the State board be admitted to membership without cost during the first year. He reported a balance of $9.39 in the treasury, with 365 members on the active list. Later the Auditing Committee in considering this report recommended the adoption of the treasurer's report with the addition that others joining the society be admitted upon the payment of $1.00 for the first year, the dues for all new members to be $2.00 the second year and $3.00 thereafter. These recommendations were unanimously adopted by the society. Dr. L. E. Siemon, chairman of the Legislative Committee and member of the State Board of Medical Examiners, reported activity in the work of that board during the entire year. The courts had sustained the power of the board to revoke certificates for cause.

The board is engaged in an active campaign to correct the evil of quack advertising, to prevent the selling of cocaine and liquors indiscriminately, to limit to registered physicians the right to administer anæsthetics. Practical examinations, including laboratory work, have been instituted. Some sixty-one prosecutions have been begun, of which thirty-nine were successful. The board recognized sixty-seven medical colleges outside of the State, which with those in the State makes the total number recognized in the United States and Canada seventy-three. Another work of the board has been the securing of the passage of an act which requires that only mid-wives who are graduates of a recognized school of midwifery shall be recognized. In the colleges Dr. H. E. Beebe reported the death of thirteen homœopathic physicians in Ohio, of which number three were members of the society. President Humphrey laid emphasis upon the necessity for the increase of membership in every organization of the school and bespoke the loyalty of us all. He pleaded for a united profession and the setting aside of personal ambitions in order that the highest plane of excellence and usefulness might be reached. He noted the greater opportunities for the work of the internest, asking that he equip himself according to the advanced methods in treatment. The evening session of the first day was held at the Sanatorium of the Drs. Sawyer in Marion, nearly 200 being their guests at dinner and at the subsequent session of the Bureau of Clinical Medicine, this, in its turn, being followed with a reception and dance in the assembly room of the sanatorium. The formal program included an address by Dr. B. F. Bailey, Lincoln, Neb., which was one of the greatest excellence, delivered in the well-known eloquent oratorical method of the doctor. Dr. Carl W. Sawyer outlined in detail the methods of examination of a mental case, reviewing the symptoms sought and explaining the meaning of the symptoms. It was an address which showed complete familiarity with the subject and a remarkable grasp of its necessities.

A storm breaking over the tent in which the exercises were being held prevented the completion of the program, which was to include an address by Dr. J. W. Adair on "Miracles in Medicine" and stereopticon views of faces familiar to workers in our school of medicine. The entire evening was passed most pleasantly, the guests of the Drs. Sawyer uniting in expressions of appreciation of their courtesy and in praise of the beautiful sanatorium, which is most thoroughly squipped and wonderfully well located. The following day the election of officers resulted in the election of Dr. Frank Webster, of Dayton, as president; Dr. Geo. H. Irvin, Orrville, first vice-president; Dr. Ella G. Hunt, Cincinnati, second vice-president; and the re-election of Dr. R. O. Keiser, of Columbus, secretary, and Dr. T. T. Church, Salem, treasurer; and Dr. H. E. Beebe, Sidney, necrologist. Dr. Keiser was given an assistant in the person of his brother, Dr. J. Gould Keiser. Columbus was selected as the next place of meeting. The Board of Censors reported eleven new members. A grateful tribute to the energy and loyalty of Dr. Keiser was the gift of $100 from the society, with its expression of a sincere wish that his health, which has been broken

down recently, may be entirely restored. Some personal friends in the society also presented to him a pair of diamond cuff buttons. It has been a long time since we have had a meeting whose scientific papers were of the high character presented here. Limitation of space prevents a review of these papers; suffice it to say, that they were interesting, advanced and highly instructive. Almost every paper listed was presented, making a record in this respect somewhat unusual. Taking all together the Marion meeting marked an epoch in the history of the society, and shows its officers and members are keenly alive to the necessities of the day. A feature not on the program, but none the less of the greatest importance, was an address by President Hinsdale, of the Institute, and one by Jas. C. Wood, M. D., chairman of the Membership Committee of the Institute, both appealing for greater support of the national body and outlining the absolute need for such support.

OKLAHOMA.

The eighth annual session of the Oklahoma Institute of Homœopathy was held at Chickasha April 16-17 with an attendance of fifty members and visitors. As a guest of honor was Dr. Wm. E. Cramer, dean of the Kansas City Hahnemann College, who read a paper, "Pelvic Information." The session was a good one, culminating in a fine banquet at the Early Hotel. The following officers were elected for the ensuing year: Dr. Chas. Phelps, Oklahoma City, president; Dr. Bertram Johnson, Avant, Okla., vice-president; Dr. W. W. Osgood, Muskogee, secretary; Dr. L. S. Cunningham, Tulsa, treasurer; censors, Dr. F. W. Hammond, Lawton; Dr. S. D. Gaede, Weatherford; Dr. W. W. Osgood, Muskogee; Legislative Committee, Dr. C. R. Phelps, Oklahoma City; Dr. L. E. Inman, Oklahoma City; Dr. S. B. Leslie, Okmulgee; Dr. John Brooke, Oklahoma City.

Oklahoma City was decided upon as the location for the next annual meeting.

PENNSYLVANIA.

REPORTED BY RALPH BERNSTEIN, M. D., PHILADELPHIA.

The Homœopathic Medical Society of the County of Philadelphia held its regular monthly meeting at Hahnemann College on Thursday evening, April 10th, 1913, at 8:30 o'clock. The scientific program consisted of the following: "The Progressive Homœopathic Practitioner, the Prototype of the Typical Medical Practitioner of the Future," Eldridge C. Price, M. D., Baltimore, Md.; "Some Practical Phases of the Cancer Problem," Wm. H. Bainbridge, M. D., New York. The meeting was a very interesting one and was thoroughly enjoyed by all present.

WM. M. SYLVIS, M. D., *Sec'y.*

The Clinico Pathologic Society of Philadelphia held its regular monthly meeting at Hahnemann College on Saturday evening, April 19th, 1913, at 8:30 o'clock. A very interesting feature of the occasion was the reading of the following papers: "Comparison of Visual Fields of a Recent Case of Hypophysis Tumor," P. O. Magie, M. D.; "Digestive Symptoms of Pulmonary Tuberculosis," Wm. Steele, M. D. "Meningitis Following Pleurisy" and "Tuberculous Broncho-Pneumonia" were reports of cases read by Dr. C. S. Raue, and which proved to be full of interest and were enjoyed by a large number of members present.

BENJ. K. FLETCHER, M. D., *Sec'y.*

The Germantown Homœopathic Medical Society of Philadelphia held its regular monthly meeting at 1604 North Broad Street on Monday, April 21st, 1913, at 9 P. M. A paper on "Acute Abdominal Pain" was read by Dr. Herbert P. Leopold and was well presented. There was a full attendance of members and the meeting proved to be a most enjoyable one.

LANDRETH W. THOMPSON, M. D., *Sec'y.*

The Philadelphia Society for Clinical Research held its regular monthly meeting at the Hotel Majestic, Broad and Girard Ave., on Monday evening, April 28th, 1913, at 9 P. M., "Some New Therapeutics" being the topic of discussion. The members had a royal time, being the guests of Dr. F. J. Frosch. The meeting was well attended.

PERCY A. TINDALL, M. D., *Sec'y.*

The Homœopathic Medical Society of the Twenty-third Ward of Philadelphia held its regular monthly meeting at the office of Dr. J. H. Ervin, Jenkintown, Pa. Many interesting topics were discussed at this meeting by a large number of members present.

JOHN D. BOILEAU, M. D., *Sec'y.*

The Under-Graduate Society of Hahnemann Medical College of Philadelphia held its regular monthly meeting at the Hahnemannian Institute on Friday evening, April 9th, 1913, at 8 P. M. "Fractures and Dislocations," with reference to those among athletes, were well discussed and illustrated. Dr. C. W. Perkins, of Princeton, N. J., was the speaker of the evening and added much interest to the meeting. The meeting was an interesting one and was well attended.

The Women's Homœopathic Medical Association of Pittsburgh, Pa., held its regular monthly meeting at the office of Dr. Ella D. Goff, 204 E. North Avenue, Pittsburgh, Pa., on Thursday, May 1st, 1913, at 8 P. M. An interesting paper on "Tonsilitis" was ably presented by Dr. Clara Williams, after which a hearty discussion was entered into. Great interest was shown at this meeting by a large number present.

LYDIA B. PIERCE, M. D., *Sec'y.*

COUNTY AUXILIARY FORMED.

Over fifty members of the Auxiliary to the Homœopathic Hospital, of West Chester, Pa., held its April meeting at the Y. M. C. A. Building and organized a County Auxiliary.

Mrs. S. A. Mullin was temporary chairman of the meeting. Mrs. Chas. R. Palmer, Mrs. J. A. Baker and Mrs. W. L. Hamilton, Malvern, Pa., were appointed on a committee to draw up a constitution. Their report as submitted was adopted.

On the Nominating Committee Mrs. J. Oscar Dicks, Mrs. Horace Sinclair and Miss Anna Dunwoody were appointed. The ticket was accepted as presented and the following officers elected: President, Miss Elizabeth Hicks; first vicepresident, Mrs. G. K. McFarland; second vice-president, Mrs. Bernard Hawley, Malvern, Pa.; secretary, Mrs. E. C. Winsmore, Downingtown, Pa.; treasurer, Mrs. Samuel Green, Kennett Square, Pa.

Mrs. George K. McFarland was appointed to represent the County Auxiliary on the Training School Committee, which is composed of three members of the staff, three members of the Board of Managers and one member of the County Auxiliary.

Two meetings a year will be held by the organization, one in April and one in October. Members were present from West Chester, Malvern, Kennett Square and Downingtown.

PERSONALS.

Dr. Edgar Bieber announces the opening of his office at 917 Jefferson Street (cor. High Street), Buffalo, N. Y.

The Reading Homœopathic Hospital instituted a vigorous campaign April 26th, looking towards the subscription of $50,000 for use in enlarging the hospital and its facilities for work. At last reports more than $40,000 had been collected, with a good show of completing the amount early. The authorities have the co-operation of all of the fraternal organizations of the city together with the churches.

The annual banquet of the Allegheny County Homœopathic Society was held at the Fort Pitt Hotel, Pittsburgh, April 16th, the guest of honor being Dr. Lester E. Siemon, Professor of Obstetrics in the Cleveland-

Pulte Medical College. The committee in charge was composed of Drs. E. H. Pond, S. Hamilton, H. S. Nicholson and F. S. Morris. From all reports the meeting was the best ever and those who attended were full of enthusiasm.

The Board of Trustees of the West Chester Homœopathic Hospital are actively at work in converting the building recently purchased for use as a hospital. Nearly $10,000 is already in and to complete the work liberal donations are expected as this progresses.

The Northern Pennsylvania Homœopathic Medical Society held a meeting May 1st at Lansdale, its members being the guests of Dr. Samuel B. Maurer, of that city, who is president of that society. Papers were read by Drs. Pursell, Monroe, Landis and Williams, and at the close of the scientific program the guests were entertained by Dr. Maurer with a splendid banquet.

The Hahnemann Society of Reading held its May meeting on the first of the month at the Homœopathic Hospital. Dr. Geo. R. Curry presented a paper on Obstetrics, which was discussed in an interesting way. The president was authorized to name a committee to arrange for the June meeting to be held outdoors, probably at Wernersville.

OBITUARIES

HUGO EMIL RUDOLPH ARNDT, M. D.

Hugo Emil Rudolph Arndt, M. D., was born in Germany January 18, 1848, son of Johann Ludwig and Pauline (von Bete) Arndt. He received his preparatory education in the Realschule and Gymnasium at Kuestrin and at Berlin, and coming to this country entered the Western Homœopathic College of Cleveland, Ohio, where he was graduated Doctor of Medicine in February, 1869. The same year he entered upon the practice of his profession at Birmingham, Ohio. In 1872 he removed to Ionia, Michigan, and in 1877 to Grand Rapids. In 1885 he was called to the University of Michigan as Professor of Materia Medica in the Homœopathic Medical College, and after three years his title was changed to Professor of Materia Medica and Therapeutics, and Clinical Professor of Diseases of the Nervous System. In 1889 he resigned this position and removed to San Diego, California, where he practiced his profession until 1900. In that year he was called to San Francisco as Professor of Materia Medica and Nervous Diseases in the Hahnemann Medical College of the Pacific. In 1905 his title was changed to Professor of the Theory and Practice of Medicine and of Nervous Diseases. He was a member of the Board of Education of San Diego, California for four years and served for three years as surgeon-major of the Seventh Infantry, N. G. C. For three years he was one of the visiting chiefs of the city and county hospitals of San Francisco. He served as president of the following societies: The Western Academy of Homœopathy, the Michigan State Homœopathic Medical Society, the Southern California State Homœopathic Medical Society and the San Francisco County Homœopathic Medical Society. He was a senior member of the American Institute of Homœopathy and a corresponding member of the British Homœopathic Society and the Massachusetts Homœopathic Medical Society. He was junior author of "Hempel and Arndt's Materia Medica and Therapeutics" (2 volumes, 1885, 1886). He also published "Arndt's Practice of Medicine" (1899) and "First Lessons in Symptomology" (1904). He was editor of "The Medical Counselor" from 1880 to 1887 and editor of the "Pacific Coast Journal of Homœopathy" for several years. He was married in 1869 to Lucy Miles, who died at Ann Arbor, 1887; of this union one daughter, Mrs. Myrtle Nealie, survives him. In 1888 he was married to

Mrs. Flora B. Hall, of Ann Arbor, who died at San Francisco in 1903. In 1906 he was married to Miss Maud Nourse, who survives him.

Dr. Arndt died January 4, 1913, in the city of Cleveland, after a brief illness, from pneumonia.

My earliest recollections of Dr. Arndt date from my association as a student with the late Dr. A. I. Sawyer, of Monroe, Michigan. This was in 1878 and in 1879, when Dr. Arndt was associated with Dr. Hemple in producing that splendid work of two volumes of Hempel and Arndt's Materia Medica and Therapeutics. Dr. Sawyer was at that time one of the foremost homœopathic physicians, not only in the State of Michigan, but in the United States, and had been largely instrumental in establishing the homœopathic department in the University of Michigan. His attention was called to Dr. Arndt's ability as a scholar and a writer on materia medica by Dr. Hempel, and for a number of years before he finally succeeded in placing him in the University of Michigan in the Chair of Materia Medica he was in close touch with him in correspondence and otherwise. After Dr. Hemple's death Dr. Arndt urged me to come to Grand Rapids and form a co-partnership with him in the practice of medicine, but I did not see my way clear to give up my work with Dr. Sawyer. Dr. Arndt was then editor of the Medical Counselor, and I owe him not a little because of his patience in correcting and editing my earlier writings when I was yet but a boy.

In 1885, because of Dr. T. P. Wilson's serious illness and because of the resignation of Dr. H. C. Allen, there was a reorganization of the homœopathic faculty of the University of Michigan, and Dr. Arndt was called to the Chair of Materia Medica, while I was called to the Chair of Obstetrics and Diseases of Women and Children. We therefore entered the University of Michigan at the same time and worked together for five years, when Dr. Arndt, in 1899, was compelled to resign his professorship and remove to San Diego, California, owing to the illness of Mrs. Arndt.

Dr. Arndt was one of the best teachers of materia medica it was ever my pleasure to listen to. He was thoroughly wrapped up in his work, and it was a great loss to the University of Michigan and the medical profession of Michigan when he had to resign his position. He was enthusiastic, he loved to mingle with the students, and in turn he was loved and respected by them.

Dr. Arndt never cared for the general practice of medicine, or a specialty, and therefore never enjoyed a very large business. His mission was that of teacher and writer. He was of a most sensitive nature and was easily worried by little things. He was, however, a loyal friend and a most brilliant conversationalist. The work he did for the Institute as field secretary is too well known to require reviewing at this time.

James C. Wood.

Dr. Jared Grover Baldwin died April 11th at his home, No. 8 East 41st St., New York City, at the age of 86 years. The cause of his death was senile debility. Dr. Baldwin was born at Monroe, Pa., a grandson of a veteran of the Revolutionary War. He received his education in the public schools and in 1853 graduated from the New York University Medical College. He was always active in homœopathic circles and until very recent years attended the meetings of all the societies of which he was a member. He joined the American Institute in 1857 and was a member also of the New York State, county and city societies. For a great many years he was censor of the New York Homœopathic Medical College and consulting physician afterwards on the staff of the Hahnemann Hospital of New York.

Dr. E. D. Doolittle died at his home in Easton, Pa., April 12th at the age of 66 years, after suffering for a number of years from valvular heart

disease, which finally caused his death. He was born in Key West, Florida, the son of the Rev. Horace and Sarah W. Doolittle, his mother being a member of the Wadsworth family, pioneers in this country whose family origin is clearly traced as far back as the twelfth century. Dr. Doolittle was educated at the Madison University, now Colgate University, graduating in 1870 from the Bellevue Hospital and Medical College, New York City. He first settled in Brooklyn, but later in the 70's removed to Easton, Pa., where he practiced. He was one of the organizers of the Lehigh Valley Homœopathic Medical Society and was its first vice-president. He was a member of the State Society, contributing to its program for a number of years.

Of a uniformly kind and courteous manner, Dr. Doolittle won many friends in this community. One close to him said after his death: "He was modest and unostentatious to an unusual degree, doing many kind and charitable acts that few knew of but himself. The death of such a man is a loss to the community."

Peter H. Van Vleck, a member of the Institute since 1876, died at his home, Sturgis, Mich., April 10, 1913. He graduated in 1865 from the Homœopathic Medical College of Missouri, at St. Louis, and for more than forty years had been a resident of the city of Sturgis, where he had built up for himself a large and lucrative practice. He was active in civic affairs and was universally loved and respected.

William Zoller, M. D., Hahnemann Medical College, Philadelphia, 1878; supervisor. health officer and president of the village of Fort Plain. N. Y., at various times; died at his home, April 3, from cerebral hæmorrhage, aged 66.

Abraham S. Rosenberger, M. D., Homœopathic Hospital College. Cleveland, 1870; of Covington, Ohio; died at the home of his daughter in Dayton, O., April 6, from nephritis, aggravated by exposure and excitement during the recent flood, aged 64.

Isaac Whittington Timmons. M. D., Homœopathic Medical College of Missouri, St. Louis, 1870; for forty-two years a resident of Winona County, Minn.; died at his home in Winona, April 13, aged 79.

George L. Stubinger, M. D., Chicago Homœopathic Medical College, 1892; National Medical University, Chicago, 1894; formerly of Kewanee, Ill., but for the last three years a practitioner of Watts, Okla.; was burned to death in a hotel fire at that place, April 6.

Robert Lindsey Carter, M. D., Hahnemann Medical College, Chicago, Ill., 1894; formerly town physician of Rockport, Mass,; died at his home in Gloucester, Mass., April 10, aged 41.

Joseph J. Currie, M. D. Hahnemann Medical College, Philadelphia, 1866; died at his home in Beverly, N. J., March 24, aged 68.

James T. Hensley, M. D., Washington Homœopathic Medical College, 1894; a veteran of the Civil War, and for more than thirty years an employe of the War Department; died at his home in Washington, about April 12, aged 69.

Emma Cornwall, M. D., Chicago Homœopathic Medical College, 1884; said to have been the first woman practitioner of Crawford County, Iowa; died at the home of her daughter in Denison, April 20, aged 73.

Joshua M. List, M. D., Cleveland University of Medicine and Surgery,

1875; president of the Citizens National Bank of Evans City, Pa.; died at his home in that place about April 21, aged 71.

Frederick L. Preston, M. D., Hahnemann Medical College, Philadelphia, 1877; died at his home in Chester, Pa., April 21, from cerebral hæmorrhage, aged 69.

APPLICATIONS FOR MEMBERSHIP IN THE AMERICAN INSTITUTE OF HOMŒOPATHY.

Allen, Edmund T., 32 State St., Chicago, Ill.
Anthony, Frank H., 635 Wilson Building, Dallas, Texas.
Arnold, Romus, Main St., Braidwood, Illinois.
Baird, Robert L., 101 First St., Dixon, Ill.
Baker, Albra W., Mifflintown, Pa.
Balcom, George G., Lake Wilson, Minn.
Barnhizer, Jay C., Forrest, Illinois.
B de Bey, Cornelia, 34 N. State St., Chicago, Ill.
Beals, Hugh, 366 Prior Ave., St. Paul, Minn.
Becker, H. E., 237 N. Eighth St., Quincy, Illinois.
Beebe, Emma Allen, 5020 Moffitt Ave., St. Louis, Mo.
Bloomington, Frances D., 6132 Monroe Ave., Chicago, Ill.
Boone, J. F., 9119 Commercial Ave., Chicago, Illinois.
Boynton, William E., 22 E. Washington St., Chicago, Ill.
Brenizer, Nelson O., 106 West Seventh St., Austin, Texas.
Brunjes, Dick George, 366 Prior Ave., St. Paul, Minn
Carlin, Chas. J., 2814 Groveland Ave., Chicago, Ill.
Cattron, William O., Arcade Bldg., Pekin, Ill.
Church, J. L., 1419 Morse Ave., Chicago, Ill.
Coffman, G. W., 6701 Michigan Ave., St. Louis, Mo.
Collier, Clinton C., 9119 Commercial Ave., Chicago, Ill.
Coon, Wallace W., 2814 Groveland Ave., Chicago, Ill
Crooks, W. A. Watertown, Ill.
Dickinson, Jesse D., Galva, Ill.
Dodge, Rufus E., 3300 Cottage Grove Ave., Chicago, Ill.
Duncan, G. B., 117 N. Tremont St., Kewanee, Illinois.
Ewing, Homer H., Chicago Junction, Ohio.
Fash, Martin H., 2832 Warren Ave., Chicago, Ill.
File, Elmer C., Rochelle, Ill.
Gamble, Earnest Frank, Coldwater, Mich.
Garber, Clare A., 411 Powers Block, Decatur, Ill.
Giddings, Burton D., 204 Main St., Niles, Mich.
Goodlove, Paul C., 502-4 Broadway Central Bldg., Detroit, Mich.
Goodman, Chas. H., 4502 Olive St., St. Louis, Ill.
Goodrich, Asa F., 725 Lowry Bldg., St. Paul, Minn.
Greiner, Karl, Hammond, Ind.
Griffin, Leavitt M., Polo, Ill.
Hahn, Anna M. A., 3832 Shenandoah Ave., St. Louis, Mo.
Hardy, E. A. Patrick, 333 Bloor St., West, Toronto, Canada.
Harris, A. F., 6106 Princeton St., Chicago, Ill.
Hash, E. W., 504 So. Irving Ave., Chicago, Ill.
Haynes, Celia M., 3840 S. Dearborn St., Chicago, Ill.
Hewes, Ara B., 53 So. Main St., Adrian, Mich.
Hildebrandt, Paul W., 409 E. Temple St., Washington, C. H., Ohio.
Hill, Alice L. Scott, 4001 Shenandoah Ave., St. Louis, Mo.
Howard, Mordecai L., Danville, Illinois.
Huber, Joseph M., 3023 Evanston Ave., Chicago, Ill.
Hutton, James H., 2646 Calumet Ave., Chicago, Ill.
Hyde, Clarence L., Perrysburg, N. Y.

Kern, Sophia L., 5143 Waterman Ave., St. Louis, Mo.
Kinnett, William E., 401-402 Masonic Temple, Peoria, Illinois.
Kirsch, Francis, 225 Collinsville Ave., E. St. Louis, Ill.
Knapp, Harry P., 2743 Jackson Blvd., Chicago, Ill.
Knott, Jeptha D., Monticello, Illinois.
Larkin, Edmund F., Bellingham Bank Bldg., Bellingham, Wash.
Leavitt, Sheldon, 4665 Lake Ave., Chicago, Ill.
Lehman, Sam. W., Dixon, Ill.
Lovejoy, Walter C., 501 Lake St., Maywood, Ill.
Lown, Harold L., 849 Main St., Lansing, Mich.
MacMullen, Frank B., 317 So. State St., Ann Arbor, Mich.
MacMullen, Harlan, 57 Poplar St., Manistee, Mich.
Manning, Leonard, 306 E. 43d St., Chicago, Ill.
Maxon, J. G., Harvard, Ill.
Merrill, William O., Lowell, Mich.
Miller, H. C., 6049 Madison Ave., Chicago, Ill.
Mordoff, C. H., Main St., Genoa, Ill.
Morgan, Edw. M., 4173 Western Ave., Westmouth, Montreal, Canada.
Moulton, Horace P., Petersburg, Ill.
Murphy, Chester Homer, 1304 E. Michigan Ave., Lansing, Mich.
Newkirk, Harris D., 408 Donaldson Bldg., Minneapolis, Minn.
Nicholls, Asa B., 800 No. Sixth Ave., Quincy, Illinois.
Novinger, Jefferson T., 5 Metcalfe St., Montreal, Canada.
Parker, Donna M., 314 Masonic Temple, Peoria, Ill.
Parr, Samuel E., Armory Block, Ottawa, Ollinois.
Perrigard, Earnest Norman, 1839 Park Ave., Montreal, Canada.
Peyton, Dora Wilson, 3653 Shenandoah Ave., St. Louis, Mo.
Pierson, Herman W., 116 S. Michigan Ave., Chicago, Ill.
Quackenbush, Arnley, 143 Nepean St., Ottawa, Ont., Canada.
Robertsen, James, 1367 Wellington St., Verdun, Montreal, Canada.
Rose, Marie F., 15916 Turlington Ave., Harvey, Ill.
Sayre, C. Edward, 3903 Ellis Ave., Chicago, Ill.
Scott, Freeman J., 318 E. Second St., Rock Falls, Ill.
Sowers, Alva, 122 S. Michigan Ave., Chicago, Illinois.
Spates, Finley C., 972 Reaney St., St. Paul, Minn.
Starkey, George G., 5412 Madison Ave., Chicago, Ill.
Steinhauser, Chas. G., 435 E. University St., Ann Arbor, Mich.
Thornburgh, Frank Colfax, 309 State St., Alma, Michigan.
Veatch, John H., Marine, Ill.
Waters, Frank L., 32 North State St., Chicago, Ill.
Webster, Judson T., Atlanta, Illinois.
Wells, Frank N., Pittsfield, Illinois.
Willcox, Helen B., 1153 E. 63d St., Chicago, Ill.
Williams, Arthur B., Wilmont, Minn.
Yoder, Royden B., Cass Lake, Minn.

CORRESPONDENCE.

THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION.

To the Editor:

The attacks and encroachments that have been and are now being made upon homœopathy make it very necessary that more attention should be paid to the annual meetings of our international, national and state societies than ever before, and that they should be better attended and more active interest awakened. Unless homœopathic physicians wake themselves up out of the "sleeping sickness" and apathy that seem to affect them, they will be rudely awakened by the loss of most of the privileges and rights

that they now enjoy. There are fifteen thousand homœopathic physicians in the United States, only a small per cent. of whom belong to or take any interest in their associations and societies. Opportunities for showing some interest are now offered plentifully. The International Hahnemannian Association that has ever been an active fighter for homœopathy and has never in its thirty-six years of existence had a dull or unprofitable meeting, holds its next meeting in Chicago at the Chicago Beach Hotel on June 23, 24, 25. Come, doctor, get out of your rut, break into your routine, make the slight sacrifice of time and expenditure necessary and attend this important meeting. Its last meeting was pronounced by a competent judge to be as good as a month's post-graduate course. Do not forget it; it will pay heavily.

J. B. S. King, M. D., *President.*

REPORT OF THE ENVOY'S TRIP TO MEET THE SOCIETE FRANCAISE D'HOMŒOPATHIE.

April 12, 1913.

On the 11th of April the I. H. Council's envoy went to Paris at the invitation of the above society to be present at their annual banquet in honor of Hahnemann's birthday.

On the morning of the 12th I called by appointment at the St. Jacques Hospital to see Dr. Planton, the general secretary, to whom I spoke at length of the aims and desires of the Council, and I laid before him the suggestion that we would feel honored if their society could see its way to link up with us and demonstrate its good will by voting us some little financial support, and this he will lay before the society at the first opportunity. I told him of the support that we had received from other countries, etc., and what we had been able to do for Russia and Sweden.

The Russian matter was alluded to with emphasis at the "official address," which Dr. Planton had kindly translated, and was to read to the society at the banquet at which I received a hearty welcome.

I afterwards called on Drs. Cartier, Boyer and Arnulphy, only sending my card to the president, Dr. Tessier, as he speaks no English, and I laid the matter pretty fully before all these colleagues, and I hope that at their first business meeting they will try and get some financial recognition for this Council; as a bona fida of their good will.

The banquet was held at the Restaurant Margery, at which there were about forty-five colleagues present, and Dr. Planton read the translation of our message, as only about five men spoke English (or understood it).

I, for the Council, asked them to entertain the idea of the "Official Demonstration" with lantern slides, etc., and this will also be considered later, as there was no chance to consider this at the banquet, but from the conversations held before the meeting, I think that there is but a poor chance of this being brought about, the general trend of opinion being that they fear *that they could not fill any hall* that would be worthy of such an occasion, and this alone seemed to be the turning point in all their minds. My argument that this was a unique subject presented in a unique way did not seem to make them very hopeful, even after my showing them what had been accomplished in Germany and Sweden.

It had been arranged by Dr. Burford that I should be the envoy of the British Homœopathic Society, and for them lay a wreath on the tomb of Hahnemann, they having voted the sum of 25 francs for this object; it was found that this sum would not purchase any wreath worthy of this remembrance and tribute, so the envoy added 10 francs of his own, and for 35 francs a wreath of palm leaves and ribbon was purchased, and on Sunday morning I laid this tribute to Hahnemann on his tomb, the French society being represented by Dr. Xavier Jousset. The wreath was placed in the dual names of the B. H. Society and this Council, as the cost was

borne by both. I found the lettering on Hahnemann's monument, which had been inlaid with gold, was almost devoid of any gold, and thus the lettering was very indistinct indeed, and I think that this point should be the subject of international attention, whether to be regilt or the lettering should be recut and lead lettering inserted, when the lettering might be thus made permanent, and the letters would stand out black on the red granite surface. Whether the lost gilt or gold was removed by the weather or human agency is a moot point, as one or two fragments that remained looked thick enough to tempt any starving person. The tomb was in very good order in other respects. There was one other tribute (a celluloid wreath) in the name of the French Society on the tomb.

Signed, E. Petrie Hoyle,
Hon. Envoy I. H. Council.

IN RE INTERNATIONAL HOMŒOPATHIC DIRECTORY.

84 Holland Park, W.,
April, 1913.

Dear Doctor:

I regret having to report that I cannot carry out the work of a new edition of the above work at present for the following reasons:

To those few who have responded and sent prepaid subscriptions, first let me say that I hold your kind prepayments at your immediate disposal. Shall I return you the money direct, or in event of your not having a copy of the existing Directory (1911-'12) will you authorize me to have a copy sent you from the Hom. Publg. Co., 12 Warwick Lane, E. C.?

The reasons for not making another issue are as follows:

(1) I have only received eighteen prepaid subscriptions, showing an absence of interest or necessity (and one doctor ordered other five copies C. O. D.).

(2) The publishers have still on hand a stock of 1911-'12 Directories, bound and unbound, and as the response for a new edition has been so small they do not feel justified in producing a new edition at present.

(3) As an alternative inducement I personally offered them (without prejudice) £25 towards printing the new International Data I have already collected at much trouble, on a tinted paper, with the view of their intersecting this material in the proper places in the still unbound copies, but they think that this would not be well in the long run, and that it would be condemned as a makeshift. This new matter could have been sold, at low price, to those having the last edition, which would have brought those copies up to date, but their experience negatived this method, so I have withdrawn the above offer.

I can only say that I thank those who have responded to the appeal to send me international up-to-date information and also those few who have subscribed; I also thank those editors who gave space and publicity to this appeal, and I regret to say, that I, as individual, cannot again undertake this onerous and very unremunerative work, however ready I might be inclined to undertake the honorary editorial labor. Letters from many laity and from many leaders of homœopathy, including many editors, all point to the value of the work, but I am sure now that it is a work for a large professional body, and not for any one or few individuals, for such a work must, from its nature and limited sales, always be produced at a loss too heavy for the average pocket.

This International Homœopathic Directory counts for cohesion, union, and in union there is strength and instruction without any doubt.

It should always contain the latest statistics, which provide irrefutable arguments to our hands, and it should also be well illustrated to prove our steady growth and strength.

I put the question, Is any incorporate homœopathic body willing to take

up this work in future? I shall always be ready to help to do some editorial work, free of charge, of course, for the good of the cause. Will the "18" who sent me money answer by return post, as I wish to close this account as soon as possible.

Yours sincerely for homœopathy,

E. Petrie Hoyle.

DENVER BUSY BOOSTING.

Denver is known as the mile high city. She is up and doing. If there chance to be among our guests at the Institute in July any who are not satisfied with our elevation they are cordially invited to go with us two miles higher where the beautiful snow is ever present. This may not be near haven, but it is heavenly on a hot day in July, and is the best we can do towards boosting you in the direction of the desired haven. From this elevation amidst the snow capped peaks you may look down upon the sweltering masses of other sections and congratulate yourselves upon your elevated station in life. If perchance you have a grievance against the fellow who trampled your corns you may swat him one with a good hard snowball of your own making.

For those who are less ambitious to be on top of everything, we are sure the Queen City of the Plains will have much of interest. It is designated, and we believe justly, "The City Beautiful," the cleanest city in the Cnited States, located in the "Land of Sunshine." Surely this should appeal to you and lead you to wend your way hitherward. We may, if you so desire it, have a change in program, and let you see what Colorado can do when it decides to rain, but this must be ordered in advance. Our chairman, Dr. Peck, insists that orders for rain must be in early, otherwise he will not stand sponsor.

We wish we might tell you what we are going to do to you when you come, but this is prohibited by the code. The fellow who does not come is not entitled to know, and the other fellow will find out when we are doing it, but we invite you all to come.

Come with the assurance that the nights will be cool enough to sleep with blankets over you. We do not guarantee, however, that you will have any time to sleep. The sleepy ones stay at home.

Committee.

To the Editor:

The enclosed letter has been sent to the President and Secretary of the American Medical Association, and I am notifying you of the fact in order that you may apprise your readers of one of the things which ought to come before the House of Delegates at the next meeting of the A. M. A.

The American Institute of Homœopathy of whose Committee I am Chairman, thinks this matter is of great practical importance and ought to be taken up and carefully and scientifically investigated. To do this we need the help of the largest organized body of American physicians. As our letter states, "this work should be managed by the whole medical profession, not by any single branch."

Trusting for your co-operation and support in bringing the matter to the attention of your readers in order to inform them of the fair and broad spirit in which the American Institute wishes the subject considered, I beg to remain,

Yours very truly,

H. D. Schenck, M. D.,

Chairman for the Committee of the American Institute of Homœopathy.

75 Halsey Street, Brooklyn, N. Y.,

May 17th, 1913.

To the President and Secretary of the American Medical Ass'n., 535 Dearborn Avenue, Chicago, Illinois.

Gentlemen:

In 1908, the undersigned were appointed a committee by the American Institute of Homœopathy to present to the American Medical Association on behalf of the homœopathic profession of the United States a proposition for a *joint* investigation of the scientific merits of the method of drug selection expressed by the formula "Similia Similibus Curentur."

The Committee has presented the matter to individual members of the House of Delegates, but we believe the matter has never been regularly presented to the House or to the Association itself, as a whole. We request that you bring the subject up for consideration and early action by both. For the following reasons it seems worthy of serious thought:

This rule has governed the selection of drugs in the treatment of disease by a considerable number of medical practitioners for over a century. We feel that the time has come when this formula should be brought before the whole medical profession, carefully investigated by modern scientific methods and a determination made of the exact value of this method in the practice of medicine. We seek this:

First, Because the voluntary testimony of a large number of physicians who do not understand the correct application of this method indicates their desire to make use of it.

Second, Because a large number of men who attempt its use ought to be able to get a better understanding of its true significance.

Third, Because we believe a large majority of the medical profession would have their usefulness and their power to benefit the sick largely enhanced by a thorough knowledge of this method.

Fourth, Because we believe that suffering is lessened and sickness more speedily and comfortably terminated through drugs administered according to the rule of similars.

Fifth, Because we feel that a careful investigation of this subject belongs to the whole medical profession and not to any single branch of it.

Sixth, We feel that such research regarding the formula of similars is desirable. Because the exactness of modern sciences with the present means of investigation, together with the accurate observation of the subjective as well as the objective symptoms, make it expedient to investigate the action of many drugs coming into use at the present time, as well as to re-examine those long proven.

For the above various reasons we pray that your organization appoint a committee of five to meet a like committee from the American Institute of Homœopathy to discuss this subject with a view of attempting a demonstration of the accuracy of the theory of similars, or of proving its falsity.

It seems to us that this joint investigation should be made under the auspices of some research laboratory like the Rockefeller Institute of New York, or the McCormick Institute of Chicago. These institutions have the experts necessary for such a test; with trained eyes they could follow its course from start to finish. Whether the result of the particular investigation should prove satisfactory or not, the effort would not be wasted because a list of drugs in common use among the members of your Association as well as ours can be selected for this study of their physiological action. These accurate observations would be of permanent value to both schools.

After careful investigation of the effects of these drugs in different strengths upon the human body, as well as observing their poisonous effects in animals, an extensive trial of their therapeutic efficacy should be made in some of the large public hospitals to test the action of these remedies in exemplifying this theory of drug administration.

In recent years every effort has been made to unite the medical profession. A large number of legal practitioners is kept from affiliation because of its belief in a method of drug selection, the truth of which is

questioned by the majority. Let us make a thorough test of this hypothesis. If it be proven true, humanity will be benefited by the enlarged and improved armamentarium of all physicians; if it be disproven, the last obstacle to medical union will have been removed.

To the end, therefore, that the truth be established, let us put this theory to the test proposed. Naturally, we feel confident that the principle will be established, but in the interest of mankind we request that you join us in a scientific demonstration of the truth or falsity of the theory of cure promulgated by Samuel Hahnemann.

Respectfully submitted,

(Signed) HERBERT D. SCHENCK, M. D., Brooklyn, *Chairman;*
J. B. GREGG CUSTIS, M. D., Washington, D. C.;
WILLIAM RUFUS KING, M. D., Washington, D. C.;
ROYAL S. COPELAND, M. D., New York City;
FRANK RICHARDSON, M. D., Boston;
ALONZO C. TENNEY, M. D., Chicago, Ill.;
FRED. W. WOOD, M. D., Chicago;
BENJ. F. BAILEY, M. D., Lincoln, Neb.

FINAL INVITATION TO COLORADO.

Before now the Institute Booklet issued by the official line for the Institute to Denver will have reached its members. Probably before now, also, most members will have made up their minds whether to go to the Denver meeting or to deny themselves this pleasure. But possibly some may not yet have made a final choice, and with these a word or two more.

The West needs this meeting. It was only after a signal failure in propagandistic effort that it was decided to ask Colorado to again invite the Institute to meet within its borders. It was felt that unless the Institute could once more come to Denver the interests of Homœopahy in the Centennial State and Rocky Mountain district generally would soon be in a very bad way. The dormancy which had come upon the local fraternity, following the tightening of the coils about first the college, then the hospital, and finally the profession itself, coils which have been altogether too destructive in outlying territory in general, meant further debility and eventual death. Usual means had failed to arouse our forces. The delegated authority of the Institute had failed of effect. Something radical seemed required, and the invitation to the Institute to come over into our Macedonia and help us was issued. The result is known. The invitation was accepted, the acceptance was challenged, the subject was reopened, and finally the original acceptance was confirmed. During this uncertainty the profession waited with patience and in full conviction that the right would eventually prevail. No sore spots are left. Everybody who will work is working. As is said of the poor, we always have those with us who do not altogether like the way things have turned out. There are a few stay-at-homes, but not many whose presence is really desired. A degree of enthusiasm and earnestness characterizes the activities of the local committee of arrangements which guarantees a fine reception and entertainment long to be remembered joyfully. Dr. Peck and associates are alive to the importance of their work, they understand of what the Institute is deserving, and they are determined that as the Institute is coming to Denver to do them good they will see that it is not sorry it came. I am sure every member, and every member's family, and every member of every member's circle of acquaintances and friends who joins the large family party coming by the Institute's official trains will be glad he came and will enjoy the pleasures Denver's profession is preparing.

By this time the Institute Booklet will have been read and perhaps reread by members who contemplate going out into the mountains while here. Every bit of its text is original. None is borrowed from railway

folders. The Transportation Committee sat up nights writing it. It is true, every word of it, written from personal experience and individual observations. Nothing is overdrawn. It is impossible to correctly depict and fully portray all the sublimities and grandeurs of the incomparable. Rockies. It would require the pen of an Irving for this. Come and see just what Colorado has to offer, and you will not wonder that we want to save it to Homœopathy.

The splendid Triennial Conclave of Knights Templar of America will convene in Denver, August 12th. Members of the Institute who attend the meeting in July will just about have enough time to properly visit the best of all our Rocky Mountain scenery, or will just about have the proper time for a restful vacation along some of Colorado's fishing streams, or at some of our mountain hostleries, between the week of the Institute and the week of the Conclave. It is hoped the uncertain ones will decide in favor of the Institute and Colorado. We need the Institute, and we want the visit. Therefore, friends in the Institute, and friends in the profession, come to Denver in July with the Institute Special from Chicago. Come and enjoy yourselves and do us good—"In hoc signo vinces!"

C. E. Fisher.

SOCIETIES

The Chicago Homœopathic Medical Society of Chicago closed one of the most successful years in its history with the April meeting. The society met in Hotel Sherman during the year, dinners preceding the meetings in October, January and April. A banquet was given in February in honor of the visiting deans of medical colleges of the various states.

This was pronounced the best meeting in the history of the society. Dr. Hinsdale, President of the A. I. H., was the guest of honor. The subject, "The Colleges."

The talks were spirited and to the point, intensely interesting. The April meeting was in honor of the past presidents of the society, thirteen of whom were present. Dr. A. H. Gordon had charge of the program. The responses to the toasts were entertaining and unique.

Dr. C. A. Weiricke, the first president, read a paper giving the history of its organization.

Dr. Belle Gurney, president of the society during the past year, is to be congratulated on the success of the society during her administration. She highly commended her assistant officers for their efficient work. Officers elected: President, Dr. Costain; Vice-President, Dr. Vaughn; Secretary, Dr. Bacmeister; Trustees, Dr. Belle Gurney.

The social features during the year proved beneficial, more members being present than at the regular meetings without dinners, many of the doctors' wives attending. The old saying, "The way to a man's heart is through his stomach," might be applied as the way to get him out to the medical meeting.

The society has proved a *live wire* in all progressive work. Taking an active part in legislative matters, not hesitating individuals or collectively, in furnishing the money to carry on the work. Meetings are held third Thursday of the month, October to April, inclusive. Visiting doctors welcome.

Correction.—In the May issue it stated "The Chicago Homœopathic Medical Society, Dr. E. A. Taylor, president, had, as a guest of honor, Dr. Frank Lydston." It was the regular homœopathic society, Dr. Taylor president, with Dr. Lydston as guest, Dr. Belle Gurney was president of the Chicago Homœopathic Medical Society.

NOTABILIA.

Materia Medica Notes.—*Capsicum.*—Three things characterize a capsicum case, namely, general uncleanliness of body; burning pains, as from cayenne pepper; a marked tendency to suppuration in every inflammatory process. Of the three things the first is the most conspicuous; it cannot possibly be overlooked.

Kali sulf.—Not infrequently weeks and even months after an operation for the removal of adenoids the original symptoms reappear, that is, mouth breathing, snoring, etc., and not infrequently a second operation is performed. Assuming that the first operation was properly done, the second is absolutely uncalled for. These symptoms are the result of engorgement of the nasopharyngeal mucous membrane, and this will be cured in a few days with Kali sulf.

Æsculus.—A throat which has a membrane that is either abnormally pale or red, dry, glazed and thin in appearance as if stretched across the posterior wall of the pharynx, and has the sensations of burning, constriction, dryness, pricking as from sticks, roughness, and with hawking up of ropy mucus of sweetish taste, calls for Æsculus. In the early stages of atrophic pharyngitis in dried up bilious subjects this remedy has proved exceedingly helpful.

Phytolacca.—This remedy has many symptoms quite like those of Æsculus. Though both remedies may be needed in acute and chronic conditions, Phytolacca is more often called for in acute and Æsculus in chronic troubles. The burning of the former is much more violent, and so the choking sensation, and the symptoms will either get well in a few days or else pass on into a very severe tonsillitis, whereas the Æsculus sore throat will linger on for weeks and even months.—*O., O. and L. Jour.*

Nose and Throat Remedies.—*Lac Caninum.*—A remedy that will give wonderful relief in acute tonsillitis where the soreness or pain, or whatever the sensation of which the patient complains, begins on one side, goes to the opposite side with some relief of the first tonsil, then shifts back to the tonsil first attacked. When the above symptom is present, immaterial as to other symptoms, Lac caninum c.c. will bring speedy relief.

Ignatia is a remedy that we associate with over-excitability, we think of it in patients who are impressionable. "The patient is full of grief," sadness, sighing, in fact, apt to be hysterical, but we give it a less harsh sounding name, we say the patient is nervous.

In acute follicular tonsillitis, when the openings of the tonsil crypts are plugged with exudate giving the tonsil the appearance of the lid of a pepperbox, Ignatia 6x or higher will not disappoint.

Sambucus.—In catarrhal and bronchial affections of children I believe Belladonna is often prescribed where Sambucus is indicated. The infant has a loose choking cough, but the main symptom I wish to bring out is that as soon as the child begins to nurse it has to let go of the nipple, the nose is blocked up, consequently it cannot breathe and nurse at the same time. I use the remedy in the lower potencies.

Ambra Grisea.—In asthma I have more than once used this remedy with excellent result where there was present a nervous cough, or asthmatic breathing accompanied by eructation of gas, the gas seems to catch in the throat thereby aggravating the asthma. I use the 3x or the 6x.

Mephitis.—In whooping cough, unless some other remedy is strongly (and I emphasize strongly) indicated, I prescribe Mephitis 3x in solution every two hours. It has rarely disappointed me; it is as near a specific as any remedy I have ever used.—Quay in *O., O. and L. Jour.*

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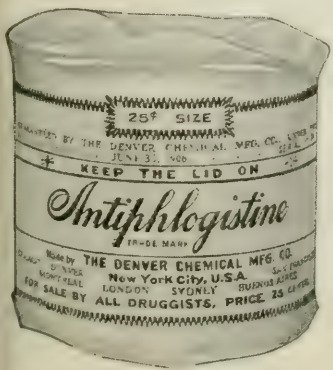
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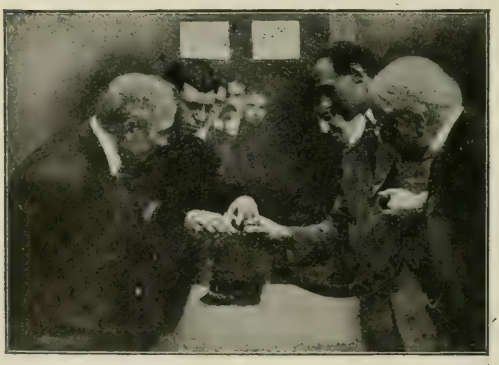

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Tripe	1 hour.
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Cheese	3 to 4 hours.
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Cabbage	3½ to 4 hours.
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Continued on page xvi

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"A fly has natural enemies; the most persistent and most effective should be man."

"It costs less to buy a screen door than to get sick and lay off for a month."

"It's a short haul from the garbage can to the dining-table via the fly route."

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Flies	Fever	Swatting
follow	follows	saves
filth	flies	sickness

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Continued on page XVIII

MALNUTRITION

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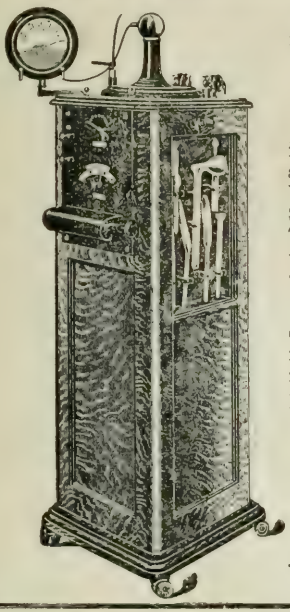

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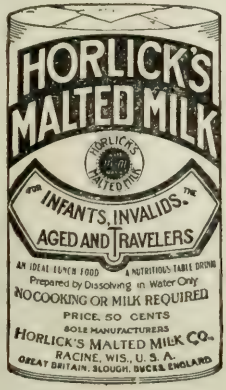

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Continued on page xx

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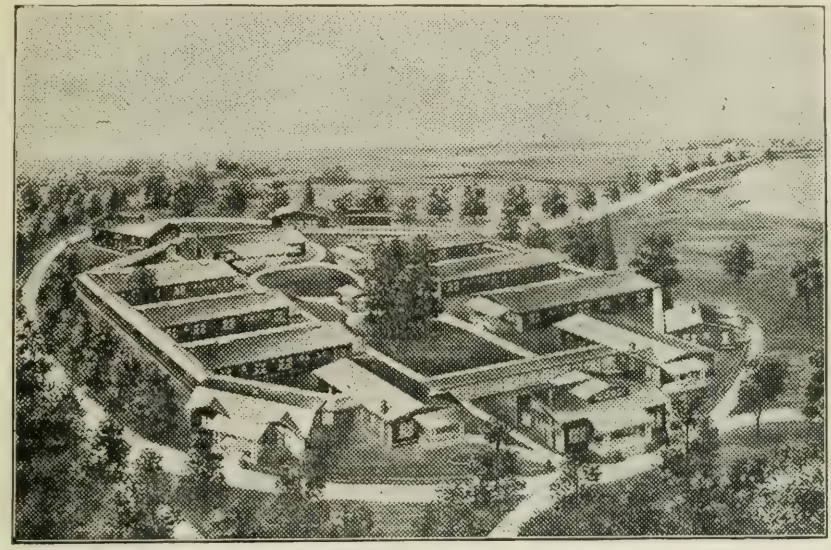

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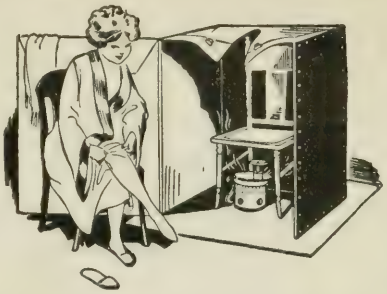

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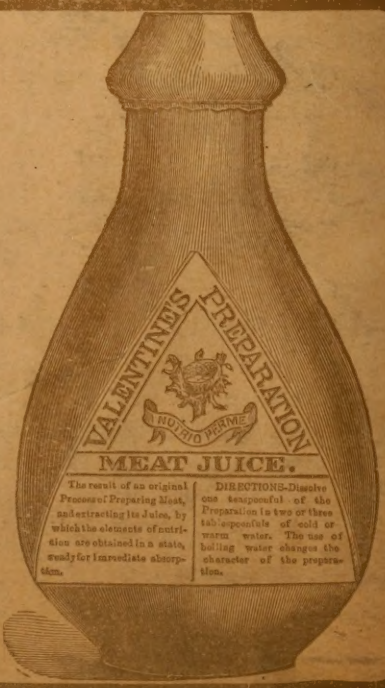
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